



DABOSWINNEYFOOTBALLCAMP.COM

Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

HOME PHONE: _____ WORK _____ CELL: _____

Email Address: _____

Emergency Contact: _____ Emergency Phone: _____

List people who have your permission to pick-up the camper from camp:

Pick-Up Person #1 - _____ Cell Phone _____

Pick-Up Person #2 - _____ Cell Phone _____

Grade Entering
Grade (FALL 2020) _____ School: _____

Football Position (5th Grade & Older) _____

T-Shirt Size: _____ Roommate Request: _____
(Only for HS Camp)

CIRCLE CAMP SESSION CAMPER WISHES TO ATTEND

SESSION:	YOUTH 1 (May 30-31)	YOUTH 2 (June 6-7)	HIGH SCHOOL 1& HS Kicking Camp (June 2-4)	HIGH SCHOOL 2 (June 9-11)
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CAMP COST

YOUTH CAMP: \$235

PLEASE CIRCLE RESIDENT OR COMMUTER FOR THE HIGH SCHOOL CAMP

HIGH SCHOOL CAMP: \$375 RESIDENT \$295 EVENING COMMUTER

Evening Snack Option (HS Resident Campers Only)- Large Pizza/Drink provided each night in the dorms.

Please check box for the \$20 snack option to be added to your final camp total.

PAYMENT

NO PERSONAL CHECKS WILL BE ACCEPTED

Accepted Methods of Payment: Cash, Credit Card, Money Order

Credit Card Choice: **Master Card** **Visa** **Discover**

CC #: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

Relationship to Camper: _____

CC Billing Address: _____

Money Orders must be written to C.U.A.D. (Clemson Univ. Athletic Dept.)

Money Order number: _____

REFUND POLICY

****After May 1st, \$100.00 of the camp cost is NON-REFUNDABLE**

Cancellation Requests must be submitted to the following numbers:

Jennifer Benton – Camp Assistant (864) 656-9483 or FOOTBALL-L@CLEMSON.EDU

Ren Windham – Camp Assistant (864) 656-0609 or FOOTBALL-L@CLEMSON.EDU

**Dabo Swinney Football Camp
PO Box 1585
Clemson SC 29633**