

Group Rates

Youth Camp					
# of Campers	Cost				
5-9	\$215				
10-14	\$210				
15-19	\$205				
20+	\$200				

High School Camp								
# of Campers	Resident	Evening Commuter						
5-9	\$355	\$275						
10-14	\$345	\$265						
15-19	\$335	\$255						
20+	\$325	\$245						

- 1. Designate One (1) contact person for your group. Please only allow this person to communicate to the camp.
- 2. Print out & complete the "Group Roster Form". Email the form immediately to Jennifer Benton (jennifi@clemson.edu) so we can begin making plans for the number of campers that will be inattendance.
- 3. Print out the "Group Registration Form". Make a copy for each camper in your group and have that camper fill out the forms. The Group contact should collect all registration forms and all payments. The group contact will turn all of this information in at the same time.
- 4. After collecting all of the necessary forms & payments, please contact Jennifer Benton (jennifi@clemson.edu, 864-656-9483).
- 5. ALL FORMS (Application, Medical History Form, Copy of the Insurance Card, Physician's Statement, and Parental Permission Form) MUST BE TURNED IN ONE WEEK BEFORE THE CAMP BEGINS
- 6. Signing up as a group does not guarantee that the group will be on the same team for the Swinney Ball games.
- 7. Any questions, please contact Jennifer Benton (jennifi@clemson.edu, 864-656-9483)

By registering for this camp, I do hereby grant permission to the Dabo Swinney Football Camp, LLC program and its employees or representatives, to take and use: photographs, video and/or digital images of my child for use in promotional or educational materials pertinent to the Dabo Swinney Football Camp program.

PLEASE COMPLETE THE CAMPER ROSTER ON PAGE 2



Group Name:
Group Contact:
Group Contact Email:
Group Contact Phone:
List the camp session the group will attend:
Are campers resident campers or commuters:

Resident Camper only applies to HS Camp

Camper											
	Name	Regist. Form	Parental Permission Form	Medical History Form	Insurance Card	Physician's Statement	Payment				
1											
2											
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