



Coach Registration Form

For more information, call 888-755-6427.

Thank you for making the **Bruce Cobleigh Wing-T/Jet Team Camp** your choice this summer. We know that you have many options when it comes to a summer team camp, and we appreciate your business. In order to provide you with the best possible team camp experience, please complete the following registration form, including the checklist below, and sign to indicate your agreement with these policies that will make the camp function smoothly.

Expectations of each team and their coaches (please check off to indicate your agreement):

- I agree that at least two coaches will stay on the same floor of the dorm with the team.
- I agree that one coach must stay with team to supervise the floor during the evening clinic sessions.
- I agree that one coach must accompany the team at all meals.
- I agree discipline issues will be handled by the coaches.
- I agree that one coach will be responsible for room inspection prior to check out.
- I agree that each camper's payment/documents will be received prior to camp start without exception.
- I agree the team will be on time for camp check-in. Late arrivals will receive the first available window.
- I agree that failure to control the team or to adhere to these policies may be cause for removal from the camp. Removal is at the discretion of the Bruce Cobleigh Wing-T Camps. No refunds will be provided.

Name _____
Printed Signature Date _____

DEPOSIT: A \$50 cash deposit will be collected at check-in. Deposits are refundable when room key is returned and if room is damage free. Coaches assume full responsibility for damage to their room by filling out this form and signing it. Damage exceeding \$50 will be directly billed to your home address. If a fire alarm is pulled, every occupant on that floor will lose their deposit.

CANCELLATION/REFUND POLICY: All cancellation notifications must be received in writing at least two weeks prior to the camp start date. A \$100 service charge for each overnight camper and a \$50 service charge for each commuter will apply. No refunds will be issued for failure to show up for camp.

Camp Session

Select Camp:

- LaGrange College, GA.....June 17-19, 2007 **COST: \$100 per coach for the full two days, meals included.**
- Concordia University, MN...June 29-July 1, 2007 **COST: \$100 per coach for the full two days, meals included.**

School Information

School Name _____

Address _____

City _____ State _____ Zip _____

Head Coach _____ Phone _____

Email _____ Fax _____

Coach Information

Coach Name _____

Address _____

City _____ State _____ Zip _____

PHONES: Home _____ Work _____ Cell _____

Email _____ Fax _____

Emergency Contact: _____ Cell Phone _____

Payment Information

Total Amount Due _____

Check...make payable to MEGA Clinics

Purchase Order.....please provide PO # _____

Credit Card (check ONE): VISA MasterCard Discover

Card No. _____ / _____ / _____ / _____ Exp date: _____ / _____

NAME AS APPEARS ON CARD

SIGNATURE OF CARDHOLDER

Check to receive a confirmation ... MUST include email address

MAIL TO: MEGA Clinics
Attn: Bruce Cobleigh Wing-T/Jet Camps
1880 Office Club Pointe, Suite 3A
Colorado Springs, CO 80920

We look forward to serving you at this summer's camp. Please let us know if we can do anything to improve our camps and make it a more enjoyable experience for you and your team.

BRUCE
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Wing-T Camps

brucecobleighwing-tcamps.com

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