



1350 King College Road
Bristol, TN 37620

KING COLLEGE WRESTLING Camp



JUNE 19-23 @ KING COLLEGE

AGES 11-18 FOR RESIDENT | ALL AGES FOR COMMUTER
STAFF: KING COLLEGE WRESTLING COACHES & WRESTLERS

Rates

Individual Resident - \$300

Includes dorm room, insurance, meal plan, t-shirt, and clinician fee (must be 11 years of age or older)

Individual Commuter - \$200

Includes insurance, t-shirt, and clinician fee (meal plan can be purchased for commuters for \$60)

Payment:

Cash and checks only, cash strongly preferred. Checks must be made out to Tornado Wrestling Camps.

Registration

Preregistration: All campers must preregister by June 1, 2011 by sending in a registration form, a waiver of liability, and deposit of \$100. Register online at menswrestling.king.edu under the Summer Camps link or complete, cut off, and mail the form to the right.

Final Registration: Sunday, June 19, 2011 at 4 p.m. in the Student Center Complex lobby. All remaining cost must be paid by the start of camp. An insurance form must also be filled out by a parent/guardian. This can be done at final registration or you can print out a copy at menswrestling.king.edu under the Summer Camps link and mail it back with your registration form.



Schedule

Sunday

4:00 p.m. Final registration

6:00 - 8:00 p.m. Technique, Weigh-Ins, Rules

Monday - Wednesday

8:00 - 9:00 a.m. Breakfast

9:30 - 11:30 a.m. Technique/Drilling Session

12:00 - 1:00 p.m. Lunch

1:30 - 3:30 p.m. Technique/Situational Drilling

5:00 - 6:00 p.m. Dinner

6:30 - 9:00 p.m. Live Session/Duals (if applicable)

Thursday

7:30 a.m. Checkout of dorms

8:00 - 9:00 a.m. Breakfast

9:30 a.m. Overall review

10:00 a.m. Dual Tournament

Competitions: All individuals will be placed on a team. Each team will have college wrestlers as part of their coaching staff

For more information, contact Nate Moorman:
Cell: 865.603.4127 | Office: 423.652.6346

Registration Form

Please cut off and mail along with your deposit to:

King College Wrestling
Nate Moorman
1350 King College Road
Bristol, TN 37620

Name _____

Age _____

Address _____

City _____ State _____ Zip _____

Phone _____

T-shirt Size _____

Team (if applicable) _____

Coach _____

Coach's Phone _____

Parents Name _____

Parents Phone _____

Additional Emergency Contact & Number

Primary Insurance Provider _____

Insurance Number _____

