

MUSTANG - BRONCOS FOOTBALL CAMP



WHO: Boys ENTERING the 2nd to 8th Grades in September '09 (No previous experience necessary)

WHAT: Purpose: To teach basic football skills in a fun atmosphere. This is a non-contact camp. Drills will be taught using dummies, shields, footballs and other training tools. Skills to be covered will include: Ball Handling, Passing, Receiving, Punting, Kicking, Punt-Kick Receiving, Blocking, Long Snapping, Pass and Kick Coverage, Running Skills, Limited Tackling Skills, & How to Condition for Football.

EQUIPMENT NEEDED: Comfortable clothing, sneakers and/or cleats.

CLINIC COACH: High School Coach Gallagher and the High School Football Staff.

GUEST SPEAKERS: College Players, High School & College Coaches will provide motivational talks.

WHERE: Montville Twp. High School – Report to the gym on the first day.

WHEN: Monday, July 27 through Friday, July 31, 2009 from 8:45am to 12:00pm

COST: \$85.00 includes camp t-shirt. \$60.00 for additional siblings.

NOTE: There will be a \$5.00 processing fee for refunds!

PAYABLE TO: Montville Recreation, 195 Change Bridge Road, Montville 07045

REGISTRATION PROCEDURE:

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot

*** NEW !!! A **CONVENIENCE FEE** will now be charged for **Credit Card use!** Credit cards will **ONLY** be accepted **ON-LINE!**

*** **Check or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!!** ***

For On-Line Registration !!! Go to the town's website at: www.montvillenj.org

Click on Municipal Services & then click on Parks & Recreation & then click on On-Line Registration

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit Our Website: www.montvillenj.org

2009 MUSTANG - BRONCOS FOOTBALL CAMP

NAME _____ Sept 09 GRADE _____ SCHOOL _____

ADDRESS _____ TOWN _____ HOME PHONE _____

EMERGENCY NAME & CELL NUMBER _____

PLEASE CIRCLE T-SHIRT SIZE:

Boy's 10-12 Boy's 14-16 Men's Small Men's Medium Men's Large Men's X-Large

PLAYER POSITION _____
(if known)

Please list any special needs that your youngster may have to help us provide a successful experience:

My child has my permission to participate in the football clinic.
I understand that the Recreation Department **DOES NOT** provide accident insurance.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR OFFICE USE: Fee Paid _____ Check _____ Cash _____ Received By _____ Date _____ **Program #841**