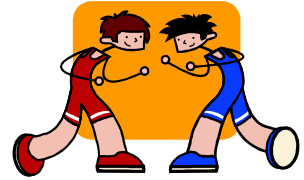


Montville Recreation Department's

WRESTLING CAMP



WHO: Ages 7-18 or Students Entering Grades 2nd-12th in September 2009

WHAT: The intent of the Montville Wrestling Camp is to provide the wrestlers with the most up to date technique. Campers will learn new drills & skills. They will also be shown how to transfer these techniques to competition. Instruction will be tailored for both beginners and advanced wrestlers. *Campers will need to bring their own lunch and drinks!*

WHEN: Monday, July 13th through Friday, July 17th from 9:30am to 2:00pm

WHERE: Montville Township High School Wrestling Room

INSTRUCTOR: **KARL MONACO**—Olympic Trials 3rd Place 1996, 3x National Champion, 3x NCAA All American, Member of the U.S. National Team, 2x NJ State Champion, 3x NJ State Finalist & Head Coach of Garfield High School (1996-2002).

FEE: \$250.00 per person for the 5 day clinic. *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

WRESTLING CAMP— SUMMER 2009

NAME _____ AGE _____ BIRTHDATE _____ SEPT 09 GRADE _____ SCHOOL _____

ADDRESS _____ TOWN _____ PHONE _____ CELL _____

EMERGENCY NAME & NUMBER _____

Please list any special needs that your child may have that will assist us in providing a successful experience:

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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