

# 2008 AZTEC FOOTBALL INDIVIDUAL TECHNIQUE CAMP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

PARENT(S) PHONE NUMBER \_\_\_\_\_

**AGE**  
(AT TIME OF CAMP)

**GRADE**  
(AS OF FALL 2008)

**T-SHIRT SIZE**

**THURSDAY, JUNE 12, 2008**  
**OR**  
**THURSDAY, JUNE 19, 2008**  
**\$75.00**

Includes instruction , lunch and T-shirt

**AT WHICH POSITION DO YOU WANT  
TO BE COACHED IN?**  
(CIRCLE PREFERENCE AND DATE)

<b>OL</b>	<b>QB</b>	<b>RB</b>	<b>TE</b>	<b>WR</b>
	(Bring Ball)			
<b>DB</b>	<b>DL</b>	<b>LB</b>		

**METHOD OF PAYMENT:**

**AT THIS TIME WE CAN ONLY ACCEPT PAYMENTS BY CHECK. CREDIT CARD PAYMENTS WILL BE ACCEPTED AT A LATER DATE.**

**MAKE PAYABLE TO  
"AZTEC FOOTBALL"**

Mail payment, registration form and liability release & medical consent forms to:  
SDSU FOOTBALL CAMP  
AZTEC ATHLETICS CENTER  
5500 CAMPANILE DRIVE  
SAN DIEGO, CA 92182-4313

\*\*\*See liability & medical consent form on back\*\*\*

