

# 2008 AZTEC FOOTBALL SPECIALISTS CAMP

**WEDNESDAY, JUNE 18, 2008**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

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

AGE  
(AT TIME OF CAMP)

GRADE  
(AS OF FALL 2008)

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

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

T-SHIRT SIZE

**WEDNESDAY, JUNE 18, 2008**

**\$75.00**

Includes instruction, lunch and T-shirt

**AT WHICH POSITION DO YOU WANT  
TO BE COACHED?**

(CIRCLE PREFERENCE)

**PUNTER**  
(Bring Ball)

**KICKER**  
(Bring Ball, Block & Tee)

**LONGSNAPPER**

**METHOD OF PAYMENT:**

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

MAKE CHECKS PAYABLE TO  
"AZTEC FOOTBALL"

Mail payment, registration form and liability release & medical consent forms to:

SAN DIEGO STATE FOOTBALL  
AZTEC ATHLETICS CENTER  
5500 CAMPANILE DRIVE  
SAN DIEGO, CA 92182-4313



**\*\*\*SEE REVERSE SIDE FOR LIABILITY RELEASE & MEDICAL CONSENT FORM**