

**Battle Of the Trenches Linemen Camp
Application**

Last Name _____ First Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____

Parent/Guardian _____

Emergency Contact _____ Phone Number _____

Age _____ Grade Entering Fall 2009 _____

Height _____ Weight _____

High School _____ City _____ State _____

Position _____ Offense _____ Defense _____ Both _____

Roommate Preference:

If the camper has ANY medical conditions or allergies please list them:

I am paying the cost of the camp \$120.00 using the following payment method:

_____ Money Order _____ American Express _____ Discover

_____ Cash _____ Visa _____ Check

Total Charged Amount \$ _____ Cardholder's Name (print) _____

Credit Card Number _____ 3 Digit Code on the Back of Card _____

Billing Address _____ City _____ State _____ Zip _____

Expiration Date _____ Today's Date _____

Signature _____

Please do NOT forget to sign the Release and Waiver of Liability Form.

Registration Deadline May 25, 2009

**Mail to: Battle of the Trenches Linemen Camp
237 Queens Gate
Maylene, AL 35114**