

# **Phoenix Commuter Wrestling Camp**

## **JULY 28<sup>th</sup> – AUGUST 1<sup>st</sup> 2008**

### **Ages 6-19**

**Sponsored by CNYPin2Win Wrestling Inc.**

**Place:** Phoenix High School wrestling room  
**Date:** Monday July 28<sup>th</sup> - Friday August 1<sup>st</sup> 2008  
**Time:** Morning session 9:30 a.m. to 11:30 am  
Lunch 11:30 am – 12:00 p.m. (must bring lunch)  
Afternoon session: 12:00 p.m. to 2:00 p.m.  
**Registration:** Mail registrations to:  
George Burkinshaw  
585 West Main St.  
Elbridge, New York 13060  
**Questions:** Please call George Burkinshaw (315-277-5164)  
**Cost:** \$80 Dollars for week of participation. Discounts for additional family  
Members and teams of eight or more

#### **Club Coaches:**

**Gene Mills:** Three-time World Cup Freestyle Wrestling Champion, 1980  
USA Olympian World Super Champion, Two-time National  
Champion, Four time All American at Syracuse, 1980 and 1981 World  
Cup Champion, Coach of Many USA teams. NCAA Pin Recorder  
Holder. Voted Athlete of year by USOC.

**Walt Peterson:** Walt Peterson Section 5 coach of the year

**Ron Labeef:** New York sectional champion, New York State Champion.

(Early mail in registration on back)

# PHOENIX WRESTLING CLUB 2007 REGISTRATION FORM SUMMER COMMUTER CAMP

Wrestler's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Street Address \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Birthdate \_\_\_\_\_  
HomePhone \_\_\_\_\_ School \_\_\_\_\_ Email \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Emergency # \_\_\_\_\_

My child, \_\_\_\_\_ has my permission to participate in the 2008 Phoenix wrestling commuter day camp. I will not hold the Phoenix schools or CNY Pin2Win Inc. or its Instructors responsible for any injuries or for any damages incurred during my child's presence in this program. I understand there is no supervision provided for youths outside of the gym program and I am responsible for the timely arrival and departure of my child to and from the program. I am aware that the school does not allow wandering through the halls during the program and I am prepared to supervise youngsters who are not Club members while waiting quietly in the gymnasium. I understand that lunch will not be provided and it is my responsibility to provide for my child's lunch. I understand that the program will only have supervision from 9:00 a.m. to 2:00 p.m. and it is my responsibility to pick up my child at the end of practice.

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Pre-Registration Encouraged. Registration Limited to first Eighty Wrestlers  
Group Registration discount available for groups of eight or more wrestlers from the same wrestling program.

Make checks payable to: CNYPIN2WIN Wrestling Club INC.

Mail Registration To:

**George Burkinshaw**

**585 West Main St.**

**Elbridge, New York 13060**

<http://www.cnypin2win.com>