

APPLICATION (Please complete entire form legibly.)

Wrestler's Name _____ Age _____ Date of Birth _____ / _____ / _____
 Address _____ City _____ State _____ Zip _____
 School _____ Grade in Fall _____ WRESTLING EXPERIENCE _____
 (No. of years) _____
 Phone (____) _____ Email _____

Last Year's Record _____ Weight Class _____ Amount of Deposit Enclosed \$ _____

\$100 Deposit Due with Application

Remaining \$100 Due at Camp Check-In

Please Check Camp Date

May 12th - 14th - \$200

June 2nd - 4th - \$200

June 30th - July 2nd - \$200

Aug 4th - 6th - \$200

Please send application and deposit of \$100
for weekend camps to:

Don Jones
3704 Green Haven Way
Maineville, Ohio 45039

Please Detach Here

TEAM JONES

WEEKEND WRESTLING CAMPS



3054 Lindale Mt. Holly Road
Amelia, OH 45102
(513) 797-5268
woodlandlakes.com



2023

Team Jones Wrestling Camps

513-678-9833

djones@albrechtco.com