Kent State University
Sport Camps

www.kentstatecamps.com

Mail: Kent State Field House
Attn: Camps
2227 Summit Street
Kent, Ohio 44240

Fax:
(330) 672-5245
Phone:
(330) 672-8545

Camper Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____Alternate Phone: _____
Guardian Name(s):_____
School: _____
Current Grade: _____ Age: _____ Graduation Year: _____
Roommate Preference (For resident Campers):_____
*Email Address: _____

***Information for camp will be provided via email**

Check off Camp in which you would like to attend:

Team Camp (June 14-17)-Commuter - $125: _____ (one meal included)

Team Camp (June 14-17) – Commuter - $195: _____ (All Meals included)

Team Camp (June 14-17) - Resident - $295:_____

Intensive Camp I (June 14-17) – Commuter - $235:_____

Intensive Camp I (June 14-17) – Resident - $340:_____

Intensive Camp II (June 17-20) – Commuter - $235:_____

Intensive Camp II (June 17-20) – Resident - $340:_____

Competition/Technique (June 17-20) Commuter-$215:_____

Competition/Technique (June 17-20) Resident - $320:_____

Biddy Camp (June 18-20) Commuter Only - $75:_____

Total Amount: _____

If registering for Team Camp, please list your schools name or if you are signing up as an individual write in Individual so they can put you on a team: _____

Make Checks payable to: **KSU Wrestling**

Credit card Number: _____

*EXP Date:*_____ *Name on Card:*_____

Must be a Visa,Master Card, or Discover