

Shenandoah Mustang Wrestling Camp

**July 15th, 16th, 17th. 2nd-4th 9:00 12:00 (Different than years past)
5th -12th 9:00-3:00 Technique and team building will be the focus of our camp.**

Camp Technicians: UNI wrestlers Lance and Kalob Runyon. Lance is a two-time NCAA national qualifier. Iowa state champ. Placed in top 5 all four years in HS. and four-year Academic All-Conference honoree. Kalob placed 4th in the state his junior year and was a four-year letter winner.

Shenandoah Wrestling Coaching Staff will also lead the technique.

Athletes will review and learn fundamental moves and hold that win matches. Athletes will also be paired with other athletes in competitive situations. Camp technicians and Mustang wrestling staff will show all techniques. We will have a team-building session after lunch. **Wrestlers will be provided lunch through the summer lunch program at school.** After lunch, we will wrestle and work on team-building activities.

Location-Shenandoah high school gymnasium

Fees 2nd-4th \$25, 9:00-12:00 (Different than years past) 7-12 \$35 – includes T-shirt - Make all checks payable to Shenandoah Wrestling

Walk-ins' welcome t-shirts might not be available

Check-In: 8:30 July 15th

Questions Todd McGinnis – 712-246-2520 or Shen High school-712-246-4727

Mail to: Todd McGinnis, 1000 Mustang Drive, Shenandoah, IA 51601

Must receive by June 28th to receive a shirt.

Name: _____ Grade/Age: _____

Address: _____ T-shirt Size: _____

Youth – S – M – L Adult – S –M – L – XL - XXL

Emergency Phone: _____ Parent's Name: _____

I hereby request that you accept the application for enrollment of _____ in the Mustang Wrestling Camp during the dates set forth in this application and in consideration of your acceptance of the application. I hereby release Todd McGinnis, Shenandoah Comm. Schools, camp technicians, Shenandoah Wrestling, and all of their employees from any claims on account of any injuries that may be sustained by our son/daughter while attending the camp. I certify that our son/daughter is medically fit to participate in this camp.

Date: _____

Signed Parent/Guardian: _____