

NEW YORK WRESTLING CAMPS

MON. JUNE 28-THURS. JULY 1
JOHN JAY HIGH SCHOOL Cross River, NY



FREE
T-SHIRT

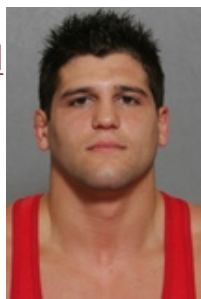


TROY NICKERSON

- 2009 NCAA Champion
- 5 Time NY State Champion
- 5 Time National Champion
- 3X NCAA All-American

JOE MAZZURCO

- 2 Time NCAA All-American
- Section 1 All-Time Career Win Record Holder



STAFF (They will be on the mat with the kids at all times.)

Troy & Joe's Staff will include current and former college Wrestlers and highly respected College and High School Coaches.

Includes:

Greg Scott- George Mason Univ.

Kyle Freidman- Bloomsburg

Pat McCabe-Edinboro

Tom Graff- Univ. Of Buffalo

Bill Swertfager- William & Mary

Mike Mandell-Univ. Of Georgetown

Anthony Tortora-Hofstra

Greg Einfrank- Brown

Matt Barbo- UNC of Greenboro

Justin DeLaMothe- Morrisville

John Degl- Iowa

...and Many More!

ATTENTION COACHES

Any and all High School and College Coaches may attend this camp FREE. You can use Troy & Joe's most up to date teaching philosophies and training methods to spread the word...

PRIVATE LESSONS

Troy and Joe are available for special training for individuals and teams before or after regular camp hours. Please call Bill at: (914) 232-5270 for more information.

Day: Only \$295.00, 9:00 - 3:00 Monday - Thursday

Night: Only \$100.00, 6:00-8:00 Monday - Thursday

HOW DID YOU FIND OUT ABOUT THIS CAMP?

Website Tournament Coaches Mailing Wrestler

REGISTRATION

Wrestler 1:

Elementary Camp (grades 1-5) MS Group (6-8) H.S. Group (9-12)

Wt. _____ Grade _____ (Just Finished) Age _____ Experience (yrs if any) _____

Shirt Size: Youth _____ Adult _____

Wrestler 2:

Elementary Camp (grades 1-5) MS Group (6-8) H.S. Group (9-12)

Wt. _____ Grade _____ (Just Finished) Age _____ Experience (yrs if any) _____

Shirt Size: Youth _____ Adult _____

Address

Street _____ City _____

State _____ Zip _____ Mother _____ Father _____

Phone: Home _____ Work _____ Cell _____

Email _____ School District _____

PAYMENT Day: \$295.00 Night: \$100.00 (Payable to: N.Y. Wrestling Camps)

Credit Card# _____ Exp. Date _____ 3 Digit Code on back _____

Name on Card _____ Credit Card Holder Signature _____

CAMPER MEDICAL INFORMATION

Doctor _____ Phone _____

Dentist _____ Phone _____

Insurance Carrier _____ Medical Condition/Allergies (that would effect wrestling; list) _____

PERMISSION/LIABILITY WAIVER & CONSENT FOR MEDICAL TREATMENT

I hereby authorize my child's participation in the N.Y. Wrestling Camp and certify that within the past two years he has had a physical examination and is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give my permission for such care and I hereby waive and release the camp, it's staff, and the host site of all liability for any illness or injuries which may occur. I understand that any wrestler who does not abide by camp rules and regulations is subject to dismissal without reimbursement or recourse and any damage to facilities will be assessed to those responsible.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please Send Payments To : New York Wrestling Camps; 182 Allison Road Katonah, NY 10536 or Fax 232-5529

"If you want to be the best in the world...You need to **OUTWORK** the world!"



Last Year
"22"
Schools Were
Represented

TYPICAL DAILY SCHEDULE

Night	Day	
6:00	9:00	Warm up
6:15	9:15	Technique/Drill
7:10	10:15	Break/Snack
7:20	10:30	Technique/Drill
8:00	11:45	Break/Lunch (BYO)
	12:30	Motivational talks
	1:00	Situations / Live
	1:45	Break
	2:00	Live Matches
	3:00	Session Ends

ELEMENTARY SCHOOL AGED CAMP

will run at the same time as the
Middle School & High School Camps