

**Bob Henriquez Football Camp - Print Enrollment**

OFFICIAL APPLICATION TO ENROLL  
SEND CHECK \$150 (or \$175 day of camp)

TO:

**Bob Henriquez Football Camp**

c/o Carrie Henriquez

1535 W. Park Lane

Tampa, FL 33603

**\*Make Checks Payable to: Henriquez Consulting**

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Age: \_\_\_\_\_ Grade (Fall '08): \_\_\_\_\_  
T-Shirt Size (circle one): S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

COST PER SESSION: \$150 (pre-registration) \$175 (Day of Camp)  
Youth Football Camp June 10-13

METHOD OF PAYMENT: \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_  
Please make checks payable to **Henriquez Consulting**

Please check **one** offensive and **one** defense position:

**Offense:** \_\_\_ Quarterback \_\_\_ Running Back \_\_\_ Wide Receiver \_\_\_ Tight End  
\_\_\_ Offensive Line

**Defense:** \_\_\_ Linebacker \_\_\_ Defensive Back \_\_\_ Defensive Line

**PARENTAL CONSENT**

**I certify that my child has been examined by a physician and found to be in good health and able to compete in all camp activities without restriction. I authorize the Directors of the Bob Henriquez Football Camp to act for me according to their best judgment in an emergency requiring medical attention.**

**Parent Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

Where did you hear about our camp? \_\_\_\_\_