BLUE DEVIL WRESTLING CLINIC





FEATURING CORNELL UNIVERSITY GREAT

TRAVIS LEE

2X NCAA NATIONAL CHAMPION 4X NCAA ALL-AMERICAN 4X EIWA CHAMPION 2X EIWA WRESTLER OF THE YEAR ALL TIME CORNELL WINS LEADER



AT THE BROCKPORT MIDDLE SCHOOL GYM SATURDAY MAY 6TH – SUNDAY MAY 7TH

FORMAT	DAY ONE	<u>DAY TWO</u>
CHECK IN: 8:30 – 9:00 AM	COME READY TO WRESTLE !	
OPENING: 9:00 - 9:30 AM	NCAA 2003 Finals Match	"Getting Ready"
BLOCK I: 9:30 – 11:30 AM	On Your Feet	Riding & Pinning
LUNCH: 11:30 – 12:30 PM	THE CONCESSION STAND WILL BE OPEN	
BLOCK II: 12:30 - 1:00PM	NCAA 2005 Finals Match	"Mat Strategies"
BLOCK III: 1:00 – 3:00 PM	Bottom Wrestling	Freestyle
BLOCK IV: 3:00 - 3:30 PM	Q&A	Clinic Review

- COST FOR THIS TWO DAY EVENT IS \$75.00
- REGISTER BY APRIL 17TH, 2006 SPACE IS LIMITED
- EACH PRE-REGISTRATION WILL RECEIVE A CLINIC T-SHIRT
- BEST SUITED FOR MODIFIED, JUNIOR VARSITY, OR VARSITY WRESTLERS

GO TO WWW.ARMDRAG.COM OR WWW.NYWRESTLING.COM FOR REGISTRATION INFORMATION



BLUE DEVIL CLINIC APPLICATION

NAME:	PHONE NUMBER:	
ADDRESS:	_EMAIL ADDRESS:	
ADULT T-SHIRT SIZE: S M L XL XXL (CIRCLE ONE)	AGE AND GRADE: /	
SCHOOL:	_COACH:	
INSURANCE COMPANY:	_CONTRACT NUMBER:	
I CERTIFY THAT MY SON/DAUGHTER HAS NO INJURY OR ILLNESS, WHICH COULD JEOPARDIZE HIS/HER HEALTH OR WELL BEING BY PARTICIPATING IN THE WRESTLING ACTIVITIES OF THE BLUE DEVIL WRESTLING CLINIC. SIGNING THIS APPLICATION RELEASES THE BROCKPORT WRESTLING CLUB, ITS CLINICIANS, AND REPRESENTATIVES FROM LEGAL ACTION DUE TO INJURY INCURRED DURING THE EVENT.		
PARENT/GUARDIAN SIGNATURE:		
MAKE CHECKS PAYABLE TO "THE BROCKPORT WRESTLING CLUB"		
AND MAIL TO: 56 TALAMORA TRAIL, BROCKPO	RT, NEW YORK 14420	
PLEASE NOTE THAT ANY WRESTLER WITHOUT INSURANCE WILL NOT BE ALLOWED TO PARTICIPATE.		

ANY QUESTIONS OR CONCERNS PLEASE CONTACT TOM SYDESKI AT tsydeski@frontiernet.net.