

"When you feel the Need for Speed"

SpeedCampUSA.com



Saturday Mornings
Games start @ 8:00am
Location: Blossom Athletic Center
April: 18th, 25th
May: 2nd, 9th

\$140

Registration
deadline April 8th,
\$20 late fee after
deadline



City Tournament - May: 16th

- ✓ 2 HS officials calling each game
- ✓ High School Seniors will coach
- ✓ Ideal team size = 12 players/team
- ✓ All participants must attend NEISD or Alamo Heights school districts
- ✓ Softshell helmet & mouthpiece **REQUIRED!**
- ✓ State Tournament – May 23rd @ BAC, requires add'l \$30/player for qualifying teams

7 on 7 Football

6th, 7th & 8th Grades



Registration includes
GameBreaker headgear,
six games & practices
plus City Tournament
play. \$110 without
Gamebreaker.

For more information call Speed Camp USA at (936) 273-9821 (phone or fax)

Position (circle): QB Rec RB LB DB
 GameBreaker (circle): S(19.5-20.5") M(21-22") L(22.5-23")
 T shirt size (circle): AS AM AL AXL AXXL
 Name: _____ Grade: _____
 Address: _____ City: _____ Zip: _____
 Phone#: _____ Parents Name: _____
 Insurance Co: _____ School: _____
 Email: _____
 (for confirmation purposes; exclusive to Speed Camp USA)

Credit Card Information:

Check One: MasterCard Visa Discover
 (all credit card transactions will have a \$2.95 processing fee)
 Card # _____
 Amt \$ _____ Exp(mo./yr.) ____ / ____
 CVV# _____ ZipCode _____
 Auth. Signature _____

Check Information:

Check# _____ Amt \$ _____
 Make payable to: **Speed Camp USA**
NO refunds after Apr 3rd
 Mail To: **Speed Camp USA**
 P.O. Box 8063, The Woodlands, TX 77387
 Register by Mail or Fax or Online @
www.SpeedCampUSA.com

RELEASE OF LIABILITY (waiver)

I give permission for _____ to participate in the 2020 event(s) conducted by Speed Camp USA. I understand that I must provide insurance coverage for my child and acknowledge that Speed Camp USA and any agent involved with Speed Camp USA shall be held harmless in the event of injury. I further understand that the school insurance does not cover this event.

SIGNATURE FOR RELEASE OF LIABILITY

Parent _____ Date ____ / ____ / ____



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