



# BENGAL FOOTBALL CAMP

**AGES**  
7<sup>TH</sup>-8<sup>TH</sup>  
**GRADE**

**TIMES-PLACE**  
AUGUST 15, 16, 17  
6:00-8:00P.M.

**COST**  
\$25.00

**EQUIPMENT**  
SHORTS/t-shirt  
SPORT SHOES

**HELENA HIGH SCHOOL**

**STAFF:**

**HELENA HIGH FOOTBALL STAFF**

**COLLEGE PLAYERS**

**GUEST SPEAKERS**

All players will come with their small fry team. We will teach Tackling, blocking, throwing, and catching at a level that will satisfy beginners as well as the more advanced players. We will also do team activities

**NAME** \_\_\_\_\_ **GRADE (FALL 17)** \_\_\_\_\_

**T-SHIRT SIZE** \_\_\_\_\_ **SMALL FRY TEAM** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**\*\*\*MAKE CHECKS PAYABLE TO CAPITAL CITY FOOTBALL CAMP**

**\*\*\*SEND TO: 1300 BILLINGS AVE, HELENA, MT 59601**

I give permission to my son to attend the 2017 BENGAL Football Camp. By giving this permission, I understand I am fully liable for any accidents that may occur during these five days. Helena School District or I are by no means responsible for any injuries. Although this is a no contact camp, I understand that in all athletic activities there is a slight risk of injury.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**T-shirt Size** \_\_\_\_\_

**\*\*Call Tony Arntson at 459-6006 WITH ANY QUESTIONS.**