

# MALCOLM WRESTLING CLUB SUMMER TRAINING CAMP

Malcolm High School, Malcolm, NE  
Saturday, June 2, 2007

FEATURING:

## MARK MANNING

University of Nebraska Head Coach  
National Developmental Coach for USA Wrestling  
Inducted into the NCAA Division II Hall of Fame  
Olympic, World and Junior World Team Head Coach  
Member of U.S. Freestyle Team  
Pan American Games Silver Medalist  
Two Time NCAA Division II National Champion  
Three Time All American

**SCHEDULE:** 8:00-9:00 Check-In (3<sup>rd</sup> thru 12<sup>th</sup> grade only)  
9:00-12:00 Training with Coach Manning  
12:00-12:30 LUNCH-Provided  
12:30-2:30 Training with Coach Manning

**COST:** \$35.00

**REGISTRATION:** Register by mail or email. All entries received by May 12, 2007 will be guaranteed a camp T-Shirt. Late registrations and walk-ins will receive T-Shirts on a first-come, first-serve basis. You may pre-order additional T-Shirts for \$10.00.

**PAYMENT:** Make checks payable to: MYSA (Malcolm Youth Sports Association)

**MAIL TO:** Kelly Streeter  
14 Beckman Circle  
Malcolm, NE 68402

**EMAIL:** ksstreeter@alltel.net  
ammat5@alltel.net

**CONTACTS:** Kelly Streeter (402) 796-2564  
Aaron Glause (402) 796-2003

The Malcolm Wrestling Club Summer Training Camp is designed to combine fun and fundamentals, as well as advanced technique. Our camp provides you with the tools to reach your goals! Develop an advantage at the Malcolm Wrestling Club Summer Training Camp!

-----Complete and Return by May 13, 2006-----

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ T-SHIRT SIZE: YS YM YL YXL AS AM AL AXL

PHONE: \_\_\_\_\_ CLUB AFFILIATION: \_\_\_\_\_ ADDT'L T-SHIRT (\$10.00) \_\_\_\_\_

I certify that the above information is correct, and that the above wrestler has my permission to wrestle in the Malcolm Wrestling Club Summer Training Camp. I hereby release Lancaster County School District 148, Malcolm Youth Sports Association, and the Malcolm Wrestling Club and their agents, from any liability for accident or injuries occurring at this camp. I hereby authorize medical treatment administered by licensed medical personnel, in case of injury or accident. Additionally, Lancaster County School District 148, Malcolm Youth Sports Association, and the Malcolm Wrestling Club and their agents are not responsible for loss or theft of items left unattended.

Wrestler's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_