Dubuque WRESTLING

CAMP August 3rd-6th, 2020

**Camp Clinicians featuring the University of Dubuque Coaches & NCAA Champions
Jon McGovern (University of Dubuque Head Coach) 2X NCAA Champion**

**Nate Hansen (University of Dubuque Assistant Coach) NCAA Champion**

**Jeremy Jensen (University of Dubuque Assistant) Chief Assistant of Police**

**Jason Bush (National Guard) Leadership Training**

**Every commuter camper will get…**

* **8 Technique Sessions Featuring former NCAA Champs & college coaches**

All Camp Sessions held at the Dubuque National Guard

5001 Old Hwy Rd, Dubuque, IA 52002

Session #1 Monday, August 3rd (10am-12pm) Session #2 Monday, August 3rd (2-4pm)

Session #3 Tuesday, August 4th (10am-12pm) Session #4 Tuesday, August 4th (2-4pm)

Session #5 Wednesday, August 5th (10am-12pm) Session #6 Wednesday, August 6th (2-4pm)

Session #7 Thursday, , August 6th (10am-2pm) Session #8 Thursday, August 7th (2-4pm)

**Return Registration to: National Wrestling Advancement Association 2345 Sunnyslope Dr, Dubuque, IA 52002**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Commuter Rate (All 8 Sessions Special Rate) $150

Single Session Rate ($25/Session) – Circle: #1 #2 #3 #4 #5 #6 #7 #8

 (Circle one) \*Make Checks Payable to National Wrestling Association

  Resident Rate – Call to Inquire

* Bring own sleeping blankets, pillows, & shower supplies, rate does not include meals, parents can stay free

For More Information Contact: Jon McGovern (773) 818-8207 or jonmcgovern@hotmail.com

For more information or to register online – log in @ <http://www.nationalwrestlingadvancement.com/content/iowa-wrestling-camp>

Walk-up price registrations @ each session accepted! Camp T-shirts - $10!

Parent Contact Information:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_