



JULY 2016

Jehuu Caulcrick Football Camp (JCFC)

REGISTRATION FORM

Name _____

Address: City/State/Zip _____

Phone/Cell _____

Emergency Contact/Phone _____

Grade 2016/17 _____

Adult T-Shirt size (circle one): Small Medium Large X-Large

Parent/Guardian Signature _____

Parent/Guardian Name _____

Please make checks payable to:

**Jehuu Caulcrick
J.C.F.C.
P.O. Box 517
Westfield ,N.Y. 14787**