

**2008 USAG T&T Scholarship Clinic and Summer Camp  
Camp Wakeshma, Corey Lake, Three Rivers, Michigan**  
*Coach Registration*

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_  
*Coach's name*

**Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**Coach Information**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_ USAG #: \_\_\_\_\_

T&T team: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to coach: \_\_\_\_\_

Best contact number: \_\_\_\_\_ Alternative number: \_\_\_\_\_

**Camp Wakeshma – 2008 Enrollment Form**

**Check desired payment option below.** Please return with check or filled out credit card form.  
Credit card numbers will be sent to USAG by camp office and then destroyed for your security.  
Completed camp enrollment form **MUST** be mailed back to insure registration.

- USAG Registered Coach – circle fee chosen: 150.00 or 175.00 (with lunches)**  
(50.00 deposit required with this form, payment in full required by 7/15/06)
- Payment by Credit Card**  
(Credit card form filled out with info and faxed/mailed to below)

**Refund Policy:** Net refund, less \$50.00, will be made until two weeks before the scheduled camp regardless of the reason for cancellation. Cancellations must be made in writing. After that, refunds will be made for documented medical reasons only.

Mail completed form with payment option/deposit to:

Dr. George R. Drew  
58837 Camp Wakeshma Rd.  
Three Rivers, MI 49093  
Fax: 269-244-1272