

# ATTENTION CAMPERS!

General camp information along with a statement, a confirmation letter, a map with directions and a medical release form are mailed upon the enrollment of each camper. Please allow 5-7 days processing prior to the mailing of confirmation materials. If you prefer to pay by Visa, MasterCard or Discover, please complete the credit card information required on the application. If you prefer to pay by check, please make checks payable to the University of Illinois and write the participants FULL NAME on the check. Please mail the completed application form and full payment to the University of Illinois, Office of Summer Camps, P.O. Box 3264, Springfield, IL 62708-3264.

**ROOMMATES:** Each team is responsible for assigning rooms for participants (team coach will provide room list).

**SUPERVISION:** Participants are supervised by the high school coaching staff **at all times** and by summer camp housing staff when at the residence halls. Attendance is taken at all sessions, bed checks are taken at 10:30pm and lights are out at 11:00pm.

**TRANSPORTATION:** Each participant is responsible for their own transportation to and from camp. Air, train, bus services have transportation centers in Champaign.

**INCURRED MEDICAL BILLS:** A portion of each camper's fees go into a Sports Medicine Medical Payment Fund which covers a maximum of \$1,000 for accidental injury and \$150 for dental injury to sound, natural teeth. Medical treatment must be rendered and claims submitted within 45 days of the conclusion of the camp.

**FIRST AID:** A staff of certified First Aid Providers is available at all times to attend to injuries and refer to a physician when necessary.

**CANCELLATION/REFUND POLICY:** It is required that ALL requests for refunds are submitted in writing. Your camp cost, less a \$50 non-refundable cancellation fee, is refunded without question if you cancel at least one week prior to the registration date. At any time after that date, refunds (less the \$50 non-refundable fee) are made for medical reasons only and all such requests must have a signed statement from your physician. If a cancellation request is not received by the last day of instruction, a refund is not issued. Campers who must leave during camp due to an illness or injury verified by our medical personnel will receive a refund (written request is necessary). Refunds are not given to campers who voluntarily leave camp or who are sent home for disciplinary reasons. Refunds, for any reason, are not issued after August 31, 2006.

**ELIGIBILITY:** High school teams are eligible to participate in camp.

**DISCOUNTS:** Due to NCAA regulations, discounts are not available. Camps are not pro-rated.

**COMMUTERS:** Commuters are those campers who do not wish to stay in the residence hall. These campers participate in all camp activities. They must provide their own transportation to and from camp each day. Lunch is included in the camp cost. Breakfast and dinner are not included. A camper may either purchase a meal pass (on a daily or weekly basis) or leave with a parent or guardian during the dinner meal and RETURN for the evening session.



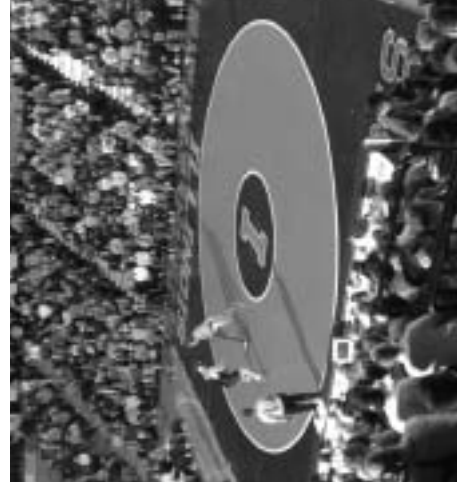
University of Illinois Wrestling  
Biefeldt Athletic Administration Building  
1700 South Fourth Street  
Champaign, IL 61820

*For more information or to register, visit  
our website at [fightingillini.com](http://fightingillini.com) and  
select 'Camps and Clinics' or email us at  
[summercamps@uiuc.edu](mailto:summercamps@uiuc.edu).*

## ILLINOIS WRESTLING TEAM CAMPS

JUNE 18-22, 2006

JUNE 25-29, 2006



# CAMP INFORMATION

## NOW TWO SESSIONS!

The 3rd Annual University of Illinois wrestling team camp was so popular that a second week was added. The competition camp offers emphasis on the dual-meet format and the development of each wrestler's individual skills. Along with valuable match experience, your team will learn to apply solid fundamental techniques. The five-day camp features:

- Weight classes to be determined at coaches' meeting
- Illinois wrestlers serve as counselors and referees
- Unlimited number of wrestlers per team, 10 athlete minimum
- Concludes with an individual tournament on June 22/29

## CAMP COST

*(A deposit of \$100 is required of all campers)*

**Resident - \$340:** fee includes four nights lodging, meals, instruction, recreation, camp t-shirt and insurance.

**Commuter - \$260:** fee includes three lunches, instruction, recreation, camp t-shirt and insurance.

- *Two coaches admitted free with the registration of a full team*

## CAMP FACILITIES

**Ice Arena:** We will utilize the UI Ice Arena with approximately 20,000 square feet of mat space. The building will be free of ice and our camp will have exclusive use of the outstanding facility.

**Bromley Hall:** Wrestling Campers stay in modern, air-conditioned Bromley Residence Hall. The boys are served all-you-can-eat meals and may enjoy Bromley's indoor pool, TV lounge and game room.

## CAMP SCHEDULE

**Week 1: June 18-22**

**Week 2: June 25-29**

### Sunday

3:00 - 5:00 p.m. . . . . Registration  
 5:00 - 6:00 p.m. . . . . Coaches Meeting  
 7:00 - 9:00 p.m. . . . . Technique  
 9:30 p.m. . . . . Coaches Social  
 11:00 p.m. . . . . Lights Out

### Monday - Wednesday

6:45 a.m. . . . . Wake Up  
 7:00 - 8:00 a.m. . . . . Breakfast  
 9:00 - 10:00 a.m. . . . . Technique  
 10:15 - 11:00 a.m. . . . . Dual Meet  
 11:30 a.m. - 1:00 p.m. . . . Lunch  
 1:00 - 2:00 p.m. . . . . Free Time  
 2:00 - 4:00 p.m. . . . . Dual Meet (2 matches)  
 5:00 - 6:00 p.m. . . . . Dinner (free time)  
 7:00 - 8:00 p.m. . . . . Coaches' time with teams  
 8:15 - 9:00 p.m. . . . . Dual Meet  
 9:30 p.m. . . . . Coaches Social  
 11:00 p.m. . . . . Lights Out

### Thursday

6:45 a.m. . . . . Wake up  
 7:00 - 8:00 a.m. . . . . Breakfast  
 9:00 a.m. . . . . Individual Tournament  
 1:00 - 2:00 p.m. . . . . Check Out

## NECESSITIES

Please bring wrestling shoes, gym shorts, athletic supporters, sweat socks, t-shirts, head gear and knee pads. Bring your own swimming suit, bed linens, pillow, toiletries, towels, wash cloths and soap.

# CAMP STAFF



### Mark Johnson, Head Coach

- Head coach of the nationally ranked Fighting Illini for 14 years
- Olympic Team Member
- Two-time All-American
- NCAA National Coach of the Year
- Big Ten Coach of the Year



### Jim Heffernan, First Assistant

- 14th-year assistant coach at Illinois
- Two-time NCAA Assistant Coach of the Year
- 1986 NCAA Champion
- Four-time All-American



### Carl Perry, Assistant

- Fourth-year assistant coach at Illinois
- 2000 NCAA Champion
- Two-time All-American
- Two-time Virginia State Champion



### Jeremy Hunter, Assistant

- Fifth-year assistant coach at Illinois
- 2000 NCAA Champion
- Three-time All-American
- Four-time Pennsylvania State Champion



# 2006 UNIVERSITY OF ILLINOIS WRESTLING TEAM CAMP

(APPLICATION COMPLETED BY COACH)

High School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Coach's Name \_\_\_\_\_

Coach's Home Phone \_\_\_\_\_ Coach's Email \_\_\_\_\_

Coach's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Please check the camp(s) you wish to attend:**

- June 18-22       June 25-29

**TEAM ROSTER: complete and return attached form (Please Type) with ENTIRE deposit amount**

RESIDENT TEAM: \$325/person

COMMUTER TEAM: \$250/person

\$ \_\_\_\_\_ Deposit enclosed. \$100 per athlete.

Payment Method:  Cash       Check

Credit Card:  Visa       Master Card       Discover

Credit Card \_\_\_\_\_ Exp. \_\_\_\_\_ V-code \_\_\_\_\_

Make check payable to University of Illinois  
 For more information, please phone 217-244-7278

MAIL TO:  
 University of Illinois  
 Summer Camps  
 P.O. Box 3264  
 Springfield, IL 62708-3264

**FOR OFFICE USE ONLY:**  
 Camp \_\_\_\_\_ Type: \_\_\_\_\_  
 Paycode \_\_\_\_\_ Pmt: \_\_\_\_\_  
 Document: \_\_\_\_\_

# TEAM CAMP TENTATIVE ROSTER

TEAM: \_\_\_\_\_

	Roster	Weight Class	Approximate Weight
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		
7.	_____		
8.	_____		
9.	_____		
10.	_____		
11.	_____		
12.	_____		
13.	_____		
14.	_____		
15.	_____		

**Coaches:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

*(Two coaches per team free)*

**RETURN WITH APPLICATION FORM AND DEPOSIT**