



E.E. SMITH

YOUTH FOOTBALL CAMP

HOSTED BY
ATHLETIC DEPARTMENT
AND THE MAGNIFICENT MARCHING MACHINE BAND BOOSTER CLUB

REGISTRATION FORM

Camper's Last Name _____

Camper's First Name _____

Camper's Age _____

Camper's Grade Level _____

Camper's School _____

Parent/Guardian Last Name _____

Parent/Guardian First Name _____

Parent/Guardian Phone Number _____

Parent/Guardian Email Address _____

Insurance Company _____

Insurance Policy Number _____

For more information contact Coach Deron Donald at derondonald@ccs.k12.nc.us or call 910-483-0153 Ext 405. Please return all forms to E.E. Smith High School.

“Committed To The Process”