

September 18, 2018

Dear Coach, Wrestler and/or Parent(s),

I hope this letter finds you doing well. I am writing to inform you about our 2018 Fall Wrestling Camp at St. Cloud State University.

Fall camp is slated for **Saturday, October 27** in the Fieldhouse of Halenbeck Hall on the campus of St. Cloud State University. Registration is from 8 a.m. – 9 a.m. and the camp operates from 9 a.m. – 12 p.m. with testimonials, autographs and Huskies wrestling practice to follow. The cost is a \$40 non-refundable fee which includes a snack, t-shirt and certificate.

Camp highlights will include, but not limited to: Takedowns, Defense and Counter Attacks, Top Position Technique, Bottom Position Technique, Drilling, Games and Live Wrestling. Learn these techniques and positions from 3X NCAA National Wrestling Champions.

Camp space is limited, so act now! Registration ends on **Wednesday, October 24**.

Please feel free to contact us if you have any questions.

Sincerely,

Steve S. Costanzo
Head wrestling Coach
Office: 320.308.2996
Cell: 320.309-4878
sscostanzo@stcloudstate.edu

Enclosure

2018 St. Cloud State University Fall Wrestling Clinic

Featuring
3X NCAA NATIONAL CHAMPIONS



When: Saturday, October 27, 2018

Where: St. Cloud State University - Halenbeck Hall - Fieldhouse

Cost: \$40 non-refundable fee (Includes: Two Sessions of Instruction, Motivational Talk, T-Shirt and Snacks). Make checks payable to: SCSU WRESTLING. Payment is due by: Wednesday, October 24, 2018 or you may register at the door.

Grades: Open to all individuals grades K-12.

Times:
Check-In...8:00 a.m. - 9:00 a.m.
Session I...9:00 a.m. - 10:30 a.m.
Snack Break...10:30 a.m. - 10:45 a.m.
Session II...10:45 a.m. - 12 p.m.
Motivation Talk & Husky Wrestling Autographs...12 p.m.
Observe Husky Wrestling Practice (Optional)...12:30 p.m. - 1:30 p.m.

Camp Director: Steve Costanzo, Head Coach: 320-308-2996, sscostanzo@stcloudstate.edu

★ All information must be complete for enrollment. Please print clearly.
Mail this part of the form to: SCSU Wrestling, 329 Halenbeck Hall, 720 Fourth Ave. South,
St. Cloud, MN 56301-4498

Name	Parents Name		
Address	City	State	Zip
Home Phone	Emergency Phone		
School	Grade	Age	E-mail

T-Shirt Size (Circle One):
YS YM YL AS AM AL AXL A2X

PARTICIPANT releases, waives and claims and promises not to sue St. Cloud State University/or the clinic director/clinicians with respect to any loss incurred during or in connection with his/her participation in the Husky Fall Clinic. PARTICIPANT further agrees to hold harmless and indemnify from any claims brought against the Husky Fall Clinic, clinic director/clinicians and St. Cloud State University.

I/we, being the parents and/or legal guardian of the PARTICIPANT authorize St. Cloud State University and its agents permission to request emergency medical treatment or care as necessary. Further, I claim that the PARTICIPANT is physically and mentally fit for participation.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____