

**9th Annual**

**D.E.T.A.I.L.**

# DAVID FULCHER ALL-PRO FOOTBALL CAMP

**AGES:** 6-14 years old  
**DATES:** July 10, 11 & 12, 2009 **OR**  
July 17, 18 & 19, 2009  
(CHOOSE ONE WEEKEND)  
**TIMES:** 12:00 pm - 5:00 pm  
**COST:** \$75.00  
**LOCATION:** Wall 2 Wall Sports  
845 Reading Road, Mason  
www.wall2wallsoccer.com  
**MORE INFO:** 513-336-8001

[www.fulchersallprosports.com](http://www.fulchersallprosports.com)

allprosports@cinci.rr.com

(Due by 6/26/09)

### COACHES ASSISTANT—OVER 14

If you are over the age of 14, you can be a COACHES ASSISTANT! You must complete a registration form and have it signed by a parent. There is NO CHARGE for being a Coaches Assistant.

The All Pro Football Camp provides participants the opportunity to learn and improve their football skills under the guidance of many outstanding coaches and professional players.

The camp is designed to meet each player's needs at a particular position. He/she will learn the same techniques and fundamentals taught by the coaches to their teams and just as importantly he/she will learn about D.E.T.A.I.L.

**Determination**

**Education**

**Teamwork**

**Attitude**

**Influence**

**Love of The Sport!**

### Friday, July 10th and July 17th, 7-9pm!

JOIN us for our Friday night event—CHOOSE ONE weekend that you'll attend the camp! Pick up your registration packet, meet your Coaches, Sponsors, other Participants and their families! Enjoy some Food, Drinks and Fun!

## **Limited Space Available.....Register TODAY!**

Complete, detach and mail this form with payment to: All Pro Sports, P.O. Box 378, Mason, Ohio 45040

**MAKE CHECKS PAYBLE TO: All Pro Sports**

Waiver: I hereby release and exonerate and discharge the All Pro Football Camp, David/Judy Fulcher and its employees including Wall 2 Wall Sports from any injuries incurred in the Camp or while traveling to or from the Camp. I agree to hold All Pro Football Camp, and its employees, sponsors or agents harmless for any liability arising out of any good faith actions taken in seeking and obtaining medical care and treatment for the named minor (your child). I certify that my child is in good physical condition and can partake in the daily schedule of events and that they have their own medical insurance.

Circle ONE weekend  
JULY 10, 11, 12    JULY 17, 18, 19

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### **PLEASE PRINT**

NAME \_\_\_\_\_ PARENTS \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ ORGANIZATION \_\_\_\_\_

EMAIL \_\_\_\_\_ 2ND PHONE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ ADDT'L PHONE \_\_\_\_\_

### **T-SHIRT SIZE:**

Y/L   A/S   A/M   A/L   AXL

### **POSITION (circle one of each)**

**Offense:** RB QB OL WR

**Defense:** DB LB DL

**Coaches Assistant (Must be over 14)**

\_\_\_\_\_  
YES

(Proceeds benefit the David Fulcher Foundation)

**A check or money order for \$75.00 MUST accompany this registration form to secure a spot at the camp. (Refunds, less \$35 handling fee will be available until June 26, 2009)**