

# BILL REAGAN'S **TOP GUN** QUARTERBACK TRAINING



## Quarterback Mini Camp – Stevensville, Mi Rocket Field 6229 Cleveland Ave – July 23, 24, 25

Small camp numbers = **BIG INDIVIDUAL GAINS**

**GRADES 5–8 \$180 (includes t shirt) 10:00 AM–11:15 AM (capacity-12)**

**GRADES 9-12 \$260(includes t shirt) 11:30 AM– 1:00 PM (capacity- 8)**

Directed by Bill Reagan: Former Notre Dame Football Staff, St. Joseph’s College Head Coach, Ashland University Offensive Coordinator & Elite 11 Regional Coach

For more information about Top Gun QB Training visit: [reagantopgunqbtraining.com](http://reagantopgunqbtraining.com)

**To Reserve a spot, email [reagan.8@nd.edu](mailto:reagan.8@nd.edu) or call/text (574) 876 - 6349**

Camp payment by check, cash or Venmo, Checks payable to Bill Reagan & sent to 51287 Carrigan Way, Granger, In 46530 Venmo: @Elizabeth-Reagan-10 (cell-0271)

### TOP GUN QB TRAINING REGISTRATION/WAIVER FORM

CAMPER NAME \_\_\_\_\_ Cell PHONE \_\_\_\_\_

Parent Email \_\_\_\_\_ Camp Site \_\_\_\_\_

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

SCHOOL \_\_\_\_\_ Grade \_\_\_\_\_ SESSION - Youth \_\_\_\_\_ high school \_\_\_\_\_

**Adult T Shirt size** \_\_\_\_\_

My son has permission to attend the TOP GUN QB ACADEMY. I certify that within the past 2 years, he has had a physical examination and that he is physically able to participate in football camp activities. I will be responsible for any medical or other charges in connection with my son’s attendance at the TOP GUN QB TRAINING.

Parent (legal guardian) Signature \_\_\_\_\_

Insurance Company name \_\_\_\_\_ Policy Number \_\_\_\_\_

Are there any restrictions to participation? No \_\_\_\_\_ If yes \_\_\_\_\_ explain on reverse side: