

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



**Quarterback Mini Camp – St. Joe High School**  
**453 NOTRE DAME AVE, SOUTH BEND, IN. 46617 – July 1, 2, 3**

Small camp numbers = **BIG INDIVIDUAL GAINS**

**GRADES 5– 8 \$190 (includes T shirt) 10:00AM–11:15AM (12 campers)**

**GRADES 9–12 \$275 (includes T shirt) 11:30AM – 1:00PM (8 campers)**

**Directed by Bill Reagan: Former Notre Dame Football Staff member,  
 St. Joseph’s College Head Coach & Elite 11 Regional Coach**

**For more information 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 can be made by check, cash or Venmo, Payment is required on  
 or before 1<sup>st</sup> day of camp, Checks payable to Bill Reagan, mail 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: