

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



**Lakeshore Kohn Field House  
 6059 Cleveland Ave  
 Stevensville, Mi 49127**

**Session 2 2025 Quarterback Workouts**

**5 Saturdays – March 8, 15, 22, April 12, 26**

**Current Grades 5-7      11:00 am - 12:00 pm**

**Current Grades 8-11      12:00 pm - 1:00 pm**

**Registration fee - \$350**

**Mail address: Bill Reagan - 51287 Carrigan Way, Granger, In. 46530**

**Payment** by cash, check, or Venmo (checks made out to Bill Reagan, Venmo - @Elizabeth-Reagan-10 (cell digits if needed 0271))

**Questions** - reagan.8@nd.edu or call/text 574-876-6349

**Website** – reagantopgunqbtraining.com

**Reagan** is a former Notre Dame Football Staff Member, NCAA Division II Head Coach and member of The **Elite 11** regional QB coaching staff. Bill has conducted private quarterback training for 20 years

**TOP GUN QB TRAINING REGISTRATION/WAIVER FORM**

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

Parent Email \_\_\_\_\_ QB Email \_\_\_\_\_

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

SCHOOL \_\_\_\_\_ Grade \_\_\_\_\_ SESSION - Training Site \_\_\_\_\_

My son has permission to attend the TOP GUN QB TRAINING. I certify that within the past 2 years, he has had a physical examination and that he is physically able to participate in football training 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 \_\_\_\_\_ Yes \_\_\_\_\_ (if so please list here or on opposite side)