

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



**Quarterback Mini Camp – at Sandusky Perkins**  
**3714 Campbell St, Sandusky, OH June 24, 25, 26**  
**Small camp numbers = BIG INDIVIDUAL GAINS**

**RISING GRADES 5-8 \$200 (includes t-shirt) 12:00pm – 1:15 pm (max 12)**  
**RISING GRADES 9–12 \$275 (includes t-shirt) 1:30 pm – 3:00 pm (max 8)**

**Directed by Bill Reagan:** Lorain Hall of Fame QB & Former University of Notre Dame Football Staff member, St. Joseph’s College Head Coach, Ashland University OC & Elite 11 Regional Coach

**For more information about Coach Reagan 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**

Fees may be paid by check, cash or Venmo: @Elizabeth-Reagan-10 (cell 0271)  
 Checks are made out to: Bill Reagan and can be mailed with registration form to:  
 51287 Carrigan Way, Granger, In 46530 (**Payment is required prior to 1<sup>st</sup> day of camp**)

**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: