

Name _____
Address _____
City _____ State _____
Zip _____
e-mail _____
Height _____ Grade(Fall 2008) _____
Weight _____

Football Position (circle one of each)

Offensive: Center Guard Tackle

Defensive: NG DE Tackle

Coach's Name

School

Roommate Preference

Mail Application to:
Down & Dirty Lineman Camp
P.O. Box 914
Orchard Park, NY 14127
(716) 713-7016

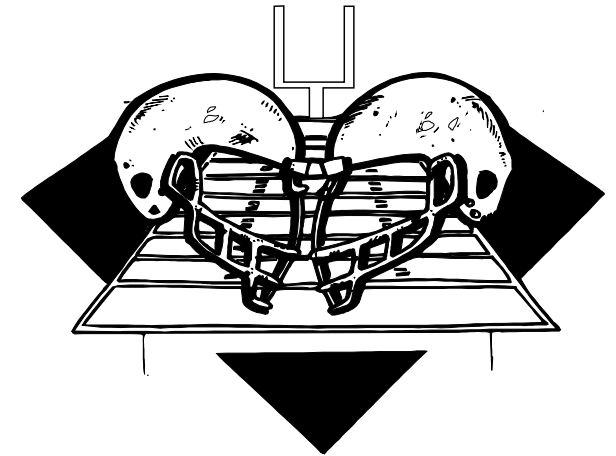
Make Checks payable to:
Down & Dirty Lineman Camp

Register online also at:
www.BishopDullaghan.com

Largest Lineman Camp
Back at Fredonia State College

Bishop-Dullaghan

DOWN & DIRTY LINEMAN CAMP



June 27th-June 29th 2007

\$255 per camper
\$245 for 6 or more campers from one school
\$235 for 11 or more from same school

Register online at:
www.BishopDullaghan.com

GREAT TEAMS START WITH GREAT LINEMAN

Camp Objectives

Offense	Defense
Stance-Start	Stance- Starts
Drive Cut-Off	Neutralization
Reach	Separation
Scoop-Smash	Pursuit Angle
Trapping	Gap Control
Double Team	Key Education
Pass Blocking	Pass Rush
Pulling/Trapping	Tackling

All lineman rotate through Offensive and Defensive positions.

Camp Goal

The goal of this camp is to help lineman develop their technique as well as their physical and psychological character. This is an important and special process for a demanding position that will ultimately determine the success or failure of a team.

This is a work camp. Campers should start conditioning before coming to participate in the camp. We coach fundamentals and techniques. Most of the time will be spent on drills designed to help each player achieve the camp goals.

Registration Fees and Deadlines

The cost of the camp is \$255, \$245 when 6-10 attend from same school and \$235 when 11 or more attend from the same school. There is a \$125 deposit required with the application, the balance must be paid in full by June 8th.

Refund Policy

Full refund (minus a \$25 handling fee) if cancellation is made prior to June 8th. One Half refund if cancellation is made prior to June 22nd. No refunds will be given after June 22nd. (No exceptions)

Partial List of the College Coaches that have worked the camp

Casey Vogt, Youngstown State University
 Terry Bitka, Buffalo State College
 Kelly Scott, Weber International University
 Brain Mohnsen University of Buffalo
 Gene Zinney Buff. St.,

Typical Day

Wake-up.....7:15AM
 Breakfast.....7:45AM
 Workout on the field.....9:00-11:00AM
 Lunch.....11:15AM
 Break.....12:30PM
 Workout on the field.....2:00-4:00PM
 Dinner.....5:00PM
 Workout on the field.....6:30-8:15PM
 Meeting.....9:15PM
 In Room.....10:30PM
 Lights out.....10:45PM

Required Equipment

<u>Helmets & Shoulder Pads</u>	Alarm Clock
Football Shoes & Sneakers	Workout Clothes
Socks & Shorts	Soap & Towel

Award Winners

The camp staff would like to congratulate camp attendees **Gil Rodriguez '06 & Jesse Jesonowski '05** for winning the Western NY Trench Trophy for best lineman in Section 6

Check-In / Check-Out

Check-in from
 Noon to 2 PM
 Check-out at 3:00

My son has permission to attend Bishop-Dullaghan Football Clinic. Enclosed is a \$125 reservation fee. This will apply to the tuition, the balance of which will be paid by June 8th. I have no knowledge of any impairment that would affect or be affected by my son's participation in the B/D Football Clinic. I authorize B/D Football Clinic to act for me to obtain for him whatever treatment the staff in it's best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical charges in connection with his attendance at the B/D Football Clinic. I acknowledge that at the B/D Football Clinic my son will participate in a sport that will involve, among other things, physical contact of the body with other persons or objects, including the ground, that at the B/D Football Clinic he may incur a risk of injury. I specifically waive and release B/D Football Clinic, it's owners and staff members from liability for any claim for damage which I or my son may have from injuries or illness that he may sustain at the B/D Football Clinic. I authorize the B/D Football Clinic to use my son's name, photographs of my son and/or article about my son for publicity purposes.

If any medical Concerns please attach on separate sheet of paper

He is covered by (Insurance Company):

Policy #: _____

Signature of Parent or Guardian:

Phone # _____

FOR OFFICE USE ONLY

Check No. _____ Amount _____ Date _____

Check No. _____ Amount _____ Date _____