

PIN2WIN

Commuter Camp

July 31-August 3rd, 2017

Location: Ultimate Athletics, the Home of Pin2Win, Inc.
Great Northern Mall, 4155 Route 31, Clay, NY 13041 (Exit 12 off Route 481)

Time: 11:00am-01:00pm, 01:30pm-03:30pm,

Monday-Thursday (must bring lunch or purchase in mall)

Registration: 10:30am Monday July 31st at Ultimate Athletics

Cost: \$125 Groups of eight or more wrestlers, \$100 per wrestler
Siblings from same household get the group rate of \$100 each also

Gene Mills (315) 569-2746 genemillswrestling@gmail.com

Coaches: Mean Gene Mills 3 X World Cup Champion
1980 US Olympian, Voted "Athlete of the Year" by US Olympic Committee
World Super Champion in Japan and voted the OW
2X NCAA Champion and OW
NCAA Career pin record of 107 pins in College
Tbilisi (USSR) Champ and OW
Distinguished member to the National Wrestling Hall of Fame 3 X

Tim Boda Masters National Champ and 5th at Masters Worlds

Paul Lyman- New York State Champion,

(To secure a spot, early registration form is on the back of this form)

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Commuter Camp

(Limited to first 80 wrestlers, enroll now!)

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|---|------------|---------------|-----------------|-------|-----|
| Name | | Phone | | | |
| Address | | City | | State | Zip |
| Email Address | | Date of Birth | | Age | |
| Home Phone | Cell Phone | | Emergency Phone | | |
| Insurance Company | | Policy Number | | | |
| Parent / Guardian (Print name here, sign below) | | | | | |

My child, _____ has permission to participate in the 2017 Pin2win Wrestling Commuter Camp held at Ultimate Athletics: Home of Pin2Win. I will not hold the Pin2Win or its instructors responsible for any injuries or for any damages incurred during my child's presence in the program. I understand there is no supervision provided of the youths outside of the gym and I am responsible for the timely arrival and departure of my child to and from the program. I am aware that Pin2win only will provide supervision 15 minutes prior to and 15 minutes after the scheduled times.

| | |
|-----------------------------|------|
| Parent / Guardian Signature | Date |
|-----------------------------|------|

Make checks payable to: **Pin2Win, Inc.**

Mail to: Pin2Win, Inc., c/o Gene Mills, 4024 Pinyon Pine Path, Liverpool, NY 13090-1114

Any questions, email Gene at pin2win@genemills.com