

“As a young football player I had the dream to one day play in the National Football League. Having obtained my goal, I also wanted to give the opportunity to help young players reach their dreams. I would like to thank you for attending the Terence Newman Football Camp, and I wish the best for all young football players.”

*Terence Newman
Dallas Cowboys*



Email:
newmanfootballcamp@yahoo.com

Phone:
Roy Lawrence, Camp Director
785-342-1185

Address:
P.O. Box 5020
Salina, Kansas 67401

Brochure and Registration form available at:

www.safootball.org

With special guest coach's in attendance.



Created by Michael Reid

The First Annual

Contact Information



Terence Newman Football Camp

All Proceeds donated to



*Salina Stadium
July 9th and 10th
Grades 9-12 may attend*

High school graduates are not allowed to attend.



Description of

Football Camp

As we all know the growth of sports at all levels has created the need for more training. The opportunity for the athlete of today has increased to allow their dream to play at the college level, and for some to play for the National Football League. Terence Newman's football Camp an opportunity to learn, advance, and test the football player's skills knowledge.

You DO have to have your parents or legal guardian sign and submit the waiver/release from liability statement. Certified athletic trainers are in attendance at every practice to ensure the health and safety of all of our campers. Local hospitals can treat any emergency.

Practice Schedule

July 9th and 10th

5:00PM REGISTRATION

6:00PM-8:00PM PRACTICE DRILLS

8:00PM-8:15PM BREAK

8:15PM-10:00PM PRACTICE

TEAMWORK

Autograph session for campers only.

(Schedule may change due to weather)

Primary Position for player at camp: _____
Age: _____
Grade: _____
Height: _____
Weight: _____
T-Shirt Size: _____

Payment Options

The Terence Newman Camp is \$100.00 for a two day instructional clinic. Payment must be received no later than Wednesday, July 5th.

(Please Circle One)
Check or Money Order
Make payable to
Roy Lawrence, Camp Director
NO REFUNDS

Remit Payment to:
P.O. Box 5020
Salina, Kansas 67401

Medical Information

CAMPERS MUST HAVE THEIR OWN MEDICAL INSURANCE TO ATTEND THIS CAMP!

Camp Registration Information

Player Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____