

"HITT ME" FOOTBALL CAMPS

SIGN UP NOW!

Complete this form and return it to DAYTONA WAVERUNNERS, LLC. By returning this form you agree to all terms and fees associated with "HITT" Football Camps

Camper's Name: _____ Birthday: ____ / ____ / ____

Height: ____ (ft) ____ (in) Weight: ____ (lbs) Grade: ____

Primary Position: _____ Secondary Position: _____ Phone: ____ - ____ - ____

Email: _____ Camp Location: _____

(2 day camp) Camp Price: \$ 100.00

Equipment Rental \$60 (\$80 on location): YES / NO | Helmet Size: ____ Shoulder Pad Size: ____

Payment Type: (Please check one) Cash ____ Check ____ Money Order ____ Credit/Debit Card ____

Name on Card (Please Print): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ CV2 Security Code: _____

I have read and understand the Cancellation Policy as posted on Daytonawaverunners.com: _____
(initial here)

Authorized Signature: _____ **Date:** ____ / ____ / ____

If paying by credit/debit card, your payment will be processed **immediately** upon the Daytona Waverunners receiving this form. Failure to provide credit card information, and/or failing to establish an alternate payment method will result in the loss of your guaranteed camp slot. Please make checks or money orders payable to **Daytona Waverunners, LLC** and mail this form along with payment to **P.O. Box 9382, Daytona Beach, FL 32120 Phone: 386-259-0524 / Fax: 888-758-6537 / www.daytonawaverunners.com**