

Camp Features:

- Excellent instruction by Coach Dean Kreps, Hope's coaching staff, and present Hope College Varsity players.
- Low camper to coach ratio to ensure individual attention
- Group swimming time at the Dow Center at conclusion of each day
- Lunch provided
- Qualified first responder on site at all times in case of injury
- Focus on building desire in each player through intensive drills and competition

Camp Director



Dean Kreps
Head Football
Coach

CAMP STAFF

Mike Ricketts, Defensive Coordinator
Joe Knapp, Tight Ends/Offensive Line
Jim VanderMeer, Defensive Backs
Curt Copeland, Quarterbacks
Jeff Reardon, Wide Receivers
Andy Keller, Defensive Line
Doug Smith, Running Backs
Joe Nelson, Defensive Backs
Hope College Varsity Football Players

Hope College
P.O. Box 9000
Holland, MI 49422-9000



Youth Football Camp

July 29-30 9 a.m. - 3 p.m.
Grades 3-8 Cost: \$75

Camp is geared toward novice and intermediate players who want to build their fundamental skills.

Camp will teach skills in throwing, receiving, kicking, punting, snapping, faking, starting, and stance. All players receive individual attention and instruction.

Check-in will be held at Lugers Fieldhouse (located on Fairbanks Avenue) on the first day of camp beginning at 8:45 a.m. Lunch is included both days.



www.hope.edu/camps

Please visit our summer camps website for directions, additional information, medical forms, etc.

Youth Football Camp

Please enroll my child in the Youth Football Camp. I hereby release this camp, its employees, the director, and Hope College from any liability for accidents, medical or dental, or any other expenses incurred as a result of the accidents. I also authorize the director to act for me according to his best judgment in an emergency requiring medical attention.

Name: _____

Age: _____ Height: _____ Weight: _____ Grade as of Fall 2010: _____

Address: _____

City, State, and Zip code: _____

Home Phone: _____ Parent/Guardian Cell Phone: _____

Email Address: _____

(confirmation will be emailed to this address)

Name of School: _____

Payment Type: Check Money Order

Insurance Information: Company: _____

Group #: _____ Policy #: _____

I certify that my child has no injury or illness which could jeopardize his well-being by participating in the football activities of the Hope College Football Camp.

Signature: _____ Date: _____

How did you hear about our camp? _____

Registration deadline is July 24th and payment must accompany this form. Late registration will be considered based on space availability and will incur a \$20 late fee. We recommend you mail the registration form at least 30 days prior in order to secure your spot. No refunds allowed.

Mail Application to:

Make checks payable to:

Cost:

Football Camp
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P.O. Box 9000
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Hope Football Camps

\$75