

GALE SAYERS FANTASY PRO FOOTBALL CAMP APPLICATION

(Please Print)

Name _____

Age (must be 21 or older) _____

Home Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

E-mail _____

Work Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

E-mail _____

Ht. _____ Wt. _____

Are you interested in playing golf? ____ Yes ____ No

Football Experience (Please Circle) HS College Pro

Apparel Sizes

Golf Shirt S M L XL XXL

T-Shirt S M L XL XXL

To Reserve Your Space at the Gale Sayers Fantasy Pro Football Camp:

1. Be sure to complete all the information on this application, including the waiver.
2. Include a letter for medical clearance from your personal physician.
3. Include proof of age (a copy of your driver's license is acceptable).
4. Include a check for \$10,000 (**non-refundable**) made payable to: **Gale Sayers Center**
5. Mail all the materials and the completed application to:

Gale Sayers Fantasy Pro Football Camp
C/o Gale Sayers Center
1150 Feehanville Drive
Mt. Prospect, IL 60056