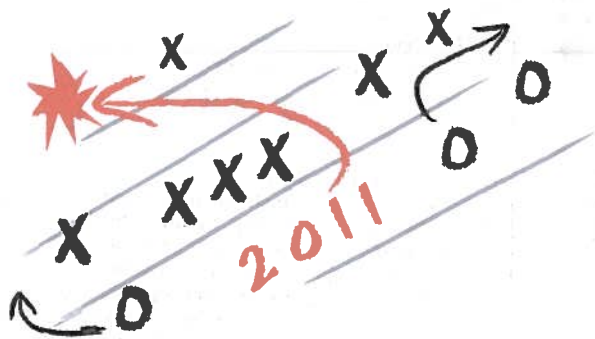


If you are going to
do something,
you might as well **"Be the Best"**.

BTB FOOTBALL CAMP MISSION STATEMENT

It is our goal to
provide individuals
with the **highest level of education,**
training and skill development.

At **"Be the Best"**, we hold **hard work,**
sportsmanship and **team work**
in the highest regard.



Please support our sponsors.



www.BTBfootball.com

Be the Best Football Camp
P.O. Box 620
East Aurora, NY 14052

Place
Stamp
here



TM

OFFENSIVE
& DEFENSIVE
LINEMAN
CAMP

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LINEMAN
CAMP**

Depew Itinerary:

8:30-9:00 A.M.
9:00-10:00 A.M.
10:00-10:15 A.M.
10:15-11:15 A.M.
11:15-11:45 A.M.
11:45-12:00 A.M.

Warm-Up
Individual Drills
Guest Speaker
Individual Drills
Competition Drills
Wrap-Up/Review

Fredonia and N.W. Itinerary:

2:30-3:00 P.M.
3:00-4:00 P.M.
4:00-4:15 P.M.
4:15-5:15 P.M.
5:15-5:45 P.M.
5:45-6:00 P.M.

Warm-Up
Individual Drills
Guest Speaker
Individual Drills
Competition Drills
Wrap-Up/Review

Equipment

Players will wear Helmet, Shoulder Pads, and Shorts for each camp session. There will be considerable contact during each session of the camp.

What to bring to practice:

- > Cleats
- > Mouthpiece
- > Water or Sports Drink
- > Athletic Supporter
- > Helmet and Shoulder pads
- > Be the Best Practice Jersey (jersey will be provided)

**OFFENSIVE
& DEFENSIVE
LINEMAN
CAMP**

Central

June 25, 26, & 27 | 8:30am - 12:00pm
Depew High School

Southern Tier

June 25, 26, & 27 | 2:30am - 6:00pm
Fredonia High School

Northtowns

June 28, 29, & 30 | 2:30am - 6:00pm
Niagara Wheatfield High School

Cost:

\$125 for 3 days

REGISTRATION

By Mail

Be the Best Football Camp
P.O. Box 620
East Aurora, NY 14052

All checks should be made payable to:
Be the Best Football Camp

-OR-

Online

www.BTBfootball.com

Online you can pay with PayPal or a credit card



Registration Form



Name: _____

Address: _____

Home Phone: _____ Cell: _____

Current School: _____

Current Grade: _____

Date of Birth: ____/____/____

Email: _____

I-Shirt Size: M L XL XXL XXXL

Height: _____ Weight: _____

Note: Your Insurance will be the primary source for coverage if your child is injured. Be the Best's insurance policy is a secondary one covering expenses that your insurance does not.

Insurance Company: _____

Policy Holder: _____

Policy Number: _____

Doctor's Name: _____

Date of Last Tetanus Booster Shot: _____

Any known injuries, illnesses or allergies: _____

Parent/Guardian Statement:

I hereby give my above mentioned child permission to attend the Be the Best Football Camp. I verify, to the best of my knowledge, the above mentioned child is physically able to participate in activities of the camp. In addition, I hereby state that Be the Best Football Camp and any of its employee's are not responsible for any pre-existing illness or injury of my child prior to the camp. If necessary, I give the camp trainer permission to treat my child. I waive and release all rights and claims for any and all damages against Be the Best Football Camp and its employees. I hereby release and exonerate Be the Best Football Camp and its employees from any injuries incurred at the camp or to and from the camp.

Check one: Agree Do Not Agree

Parent/Guardian Signature: _____

Date: _____

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