

# KEN CHERTOW'S WEEKEND WARRIOR CAMPS

**Weekend Warrior Camps** are **intense**, small group camps for the serious wrestler who is determined to become a **champion!**

**Weekend Warrior Camps** are an awesome opportunity to receive the personalized instruction, intense training and timely motivation necessary to reach your highest goals. Weekend Warrior Camps consist of four primary elements:

**Technique Instruction** - In a wide variety of important areas.

**Intense Drilling** - To perfect your set-ups, timing and combinations.

**Live Wrestling** - Champions making Champions!

**Discussions** - Covering mental preparation, nutrition, strength training, goal setting, earning a college scholarship and other important topics.

## **WHEN & WHERE:**

**October 11-13 – Iona Prep – New Rochelle, NY**  
255 Wilmot Rd, New Rochelle, NY 10804

**Cost: \$200** includes instruction, food & housing with a host family.  
Special rate of **\$125** for 2008 Summer Chertow Campers.

*The cost includes 12 hours of instruction & training, as well as your food & housing if needed.*

**FATHERS/COACHES:** You are welcome to video tape, help out and/or participate at no charge.  
If you want food & housing, the cost is \$50.

## **SCHEDULE**

**CHECK-IN:** Saturday, 5:00 – 6:00 PM

**Saturday:** 6:00 – 9:00 PM

**Sunday:** 10:00 AM – 4:00 PM

**Monday:** 9:00 AM – Noon

**CHECK-OUT:** Monday, Noon

**LATE CHECK-IN:** Sunday and Monday. Pro-rated fees are available.

**Bring:** Workout gear, towel, sleeping bag, laundry bag & notebook.

Applications, directions and hotel information for parents can be found on [kenchertow.com](http://kenchertow.com).

If you have other questions, contact us at 814-466-3466

or e-mail [camps@kenchertow.com](mailto:camps@kenchertow.com).

## **GROUP DISCOUNTS**

We offer substantial group discounts for pre-registered non-campers.

Please call 814-466-3466 or email [camps@kenchertow.com](mailto:camps@kenchertow.com) for details.

**WEEKEND WARRIOR REGISTRATION:** Send application and payment in full to:

Gold Medal Wrestling, PO Box 120, Boalsburg, PA 16827

Questions can be directed to [camps@kenchertow.com](mailto:camps@kenchertow.com) or call 814-466-3466.

Application, directions and much more info can be found on [kenchertow.com](http://kenchertow.com).

## **WINTER BREAK GOLD MEDAL TRAINING CAMP**

**State College Ramada Inn - December 26-31, 2008**

**Perfect Timing to Peak for the Heart of the Season!**

*Mark your calendar and contact us immediately to receive details and application.*



Iona Prep  
New Rochelle, NY  
OCTOBER 11-13, 2008

2008 WEEKEND WARRIOR - Camp Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Did you attend Ken's 2008 Summer Camp?  Yes (\$125)  No (\$200)

Do you want housing?  Yes  No

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

School/Club \_\_\_\_\_

Are you a USA  
Wrestling Member?

Parent/Coach: \_\_\_\_\_

Yes  No

Coach's E-mail: \_\_\_\_\_

Housing for Parent/Coach?  Yes  No (If yes, please include an additional \$50)

Name: \_\_\_\_\_

Please charge my credit card in the amount of \$ \_\_\_\_\_  Visa  MC

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ V-Code \_\_\_\_\_

Applications submitted via credit card will be charged in full. All sales are final. No Monetary refunds.  
Signature below is authorization for use of credit card.

Check # \_\_\_\_\_

Cash

We authorize our child or ward to be treated by a licensed physician, EMT, registered nurse, physician's assistant, dentist, or athletic trainer, if necessary, while attending camp. In submitting this entry, we waive, release, and forever discharge Chertow, Ken Wrestling, Inc. t/d/b/a Ken Chertow's Gold Medal Wrestling Camp ("Camp"), HTC, and all camp directors and staff, and the host facility for and from any and all injuries, losses, or other damages suffered by our child or ward or us at this camp, while traveling to and from this camp, or while participating in this camp. We agree to indemnify and hold Camp, and all camp directors and staff, and the host facility, harmless from and against any and all claims or demands, including reasonable attorneys' fees, made by any third party, to include our child or ward, due to or arising out of our child or ward's participation in this camp. We acknowledge that participation in this camp poses risks for our child or ward, and we represent that our child or ward is physically able to participate in this camp, and has trained sufficiently to do so.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send with payment in full to:

Gold Medal Wrestling

P.O. Box 120

Boalsburg, PA 16827

If paying by credit card, you may fax us at 814-466-3420.