



Camp Application – \$100 Fee payable to MTG by June 15, 2020

Send Checks/Money Orders to 2400 Old Milton Pkwy, Suite #332, Alpharetta, GA 30009

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

T-Shirt Size: XS S M L XL XXL
(Circle One)

Officiating Experience

Highest Level Officiated: _____ Years: _____

Any Post Season? YES NO Level of Post Season: _____
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Officiating Goals

What do you hope to gain from this camp experience: _____

What is the highest level you want to achieve: _____

Disclaimer and Signature

I agree to hold harmless and indemnify Courtney Kirkland, CK61, Manage The Grays, and their members, officers and employees, from any and all liability for any injury, damage or loss sustained as a result of my actions (or inactions) in participating at such camp and in the performance of officiating services, including without limitation, all claims for medical expenses which I may incur, or otherwise, due to my failure to obtain and/or maintain such appropriate insurance coverage.

Signature: _____ Date: _____

Questions? Please email managethegrays@gmail.com.