

CHSAA SUMMER FOOTBALL TEAM CONTACT CAMP NOTIFICATION FORM

Please send completed form to: bozzello@chsaa.org

SCHOOL NAME: _____

Our school will:

_____ Hold its own team contact camp

Dates: _____

_____ Attend a commercial/college team contact camp

Commercial/College Camp Name/Dates: _____

_____ Our school is not planning to participate in a team contact camp

This form should be on file at CHSAA prior to Memorial Day