



LEHIGH VALLEY ATHLETIC CLUB

www.lvacwrestling.com

2009 SPRING FREESTYLE CLINICS

When: Sundays (12 – 1:30 pm) March 29 to May 31
 Wednesdays (6 – 7:30 pm) April 1 to June 3 (no clinic April 8)

Where: Wrestling Room / Taylor Gym - 5th Floor, Lehigh University

Price: \$245 for all 19 sessions AND pre-FS State Mini-Camp (4 additional sessions)
 Sundays or Wednesdays only - \$130
 (mini-camp additional \$75 if not signed up for all 19 sessions)

Freestyle Mini-Camp to train for PA Freestyle States
 Fri 5/29 (1 session), Sat 5/30 (2 sessions), Sun 5/31 (1 session)

Must have '08-'09 USA Wrestling Card, USA Card required for participating in any practice
CARDS CAN BE PURCHASED ONLINE AT www.themat.com (click on membership link)

Jason Kutz – LVAC Head Coach

World Military Freestyle Champion / 2nd US World Team Trials
 2X US National Team Member
 University National FS Champion
 EIWA Champion – Lehigh U

Guest/Visiting Clinicians will include (but not limited to):

Pat Santoro

Head Coach Lehigh

2x NCAA Champion/4x All American– U of Pittsburgh
 U.S. National FS / US Olympic FS Alternate

John Hughes

Assistant Coach Lehigh

NCAA Champion / 3x All American – Penn State
 University National FS Champion

Brad Dillon

Assistant Coach Lehigh

2x NCAA All American – Lehigh U
 2x EIWA Champion

Jon Trengre

3x NCAA All American (2nd, 2nd, 3rd) – Lehigh U
 5th '04 US Olympic FS Trials

Jr World Trials Champion / University National FS Champion

Pat Cummins

NCAA All American – Penn State

Name: _____ School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____ Height: _____ Weight: _____ '08-'09 USA Card #: _____

Division: (circle one) HS- Junior Cadet Schoolboy
 (9th–12th grade) 1993-94 1995-965

_____ (the wrestler) is attending the Lehigh Valley Athletic Club (LVAC) clinics at his/her own risk with the permission of his/her parent(s)/guardian. LVAC, its staff and board members shall not be held liable for any damages arising from personal injury or any other damages sustained by the wrestler during the clinic sessions.

Signature Parent/Guardian: _____ Signature Wrestler: _____

Questions? Email: Jason Kutz at jmk504@lehigh.edu

Space limited to the first 50 wrestlers. / Team Discounts available – Jason Kutz
Please mail registration by March 23 – Walk-ins welcome if space available.

Please complete your registration with a check for payable to: **Lehigh Valley Athletic Club**
 Lehigh Valley Athletic Club, c/o Denny Diehl, 54 S. Commerce Way, Suite 172, Bethlehem, PA 18017
Thank you for your registration.