



SWAC FOOTBALL OFFICIALS CAMP AND CLINIC

April 12, 13, 14, 2012

Jackson, Mississippi

REGISTRATION FORM

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening _____ Cell _____

Fax _____ Email _____

Shirt size [circle] S M L XL 2XL 3XL

Hat size [circle] S M L Height _____ Weight _____

Officiating Experience [number of years]: _____

High School _____ College _____ Arena _____ Semi Pro _____ Other _____

Positions preferred at camp [select 2 in ranking order] R _____ U _____ H _____ L _____ F _____ S _____ B _____

Referred by SWAC Official [name] _____ Referred by other _____

Registration Fee: \$500.00 payable to Harold Mitchell, LLC. All monies due by March 12th, 2012. Payment is accepted either through money order, certified check, or personal check. Camp registration is on first-come first-serve basis.

Send registration form and camp fee to: SWAC Football Camp and Clinic
Harold Mitchell Sr.
P. O. Box 1687
Riverview, Florida 33568

Make checks payable to: Harold Mitchell, LLC

Refer all questions to: Harold Mitchell, Sr.; SWAC phone: 205-919-1348; Home: 813-677-5929
Fax: 813-741-1969; Personal Cell: 404-983-4985; Email: hmitchell@bellsouth.net

Dress Code: Bring full uniform to camp.

Hotel Accommodations: Hilton Jackson
1001 East County Line Road
Jackson, Mississippi 39211
Phone 601-957-2800

For reservations call: http://www.hilton.com/en/hi/groups/personalized/J/JANJHHF-SWAC-20120411/index.jhtml?WT.mc_id=POG

Or call 601-957-2800 reference SWAC Football Camp and Clinic
Reservations must be made by March 12th, 2012

