

# Saint Agnes Wrestling Camp



## Schedule

- 10:00-10:30 Warm-up
- 10:30-11:30 Feet Wrestling
- 11:30-12:30 Top Wrestling
- 12:30-1:30 Bottom Wrestling
- 1:30- 2:00 Live Wrestling

Saint Agnes School

530 Lafond Ave.  
St. Paul MN 55103

Phone: 651-925-8705  
Fax: 651-925-8708

Website: [www.saintagnesschool.org](http://www.saintagnesschool.org)

Saint Agnes School  
Athletic Department  
530 Lafond  
Saint Paul, MN 55103

# Saint Agnes



2011  
Wrestling Camp  
Grades K-6  
Saturday  
November 19, 10am-2pm



**SAINT AGNES**

**WRESTLING CAMPS**



# Camp Dates

**DATES AND LOCATION**

**November 19** ♦ Saint Agnes Bandas Gym  
10:00am-2:00pm

Fee: \$10

Camp is open to boys grades K-6

*A one-day camp geared to develop and improve campers individual Wrestling skills. The camp is open to all ability levels and will provide a positive and fun teaching environment for all campers. Each day will include intense skill instruction from the Saint Agnes staff and players.*

**CHECK-IN REGISTRATION**

Please plan to arrive 1/2 hour early on the first day of the camp to check in.

**ITEMS TO BRING TO CAMP**

- **WRESTLING SHOES (IF POSSIBLE)**
- **HEAD GEAR (IF POSSIBLE)**
- **WATER BOTTLE**
- **A WINNING ATTITUDE**

**INFORMATION**

If you have any questions regarding the Saint Agnes Wrestling Camp please email camp director **Brent Odenbrett** at [bodenbrett@saintagnesschool.org](mailto:bodenbrett@saintagnesschool.org) or call the Athletic Office at 651-925-8705. If no one is available, please leave a message and someone will return your call.

**DIRECTIONS TO SAINT AGNES GYM**

Bandas Hall (high school gym) is the last building to the east of the St. Agnes campus. You must enter through the side door #19 off of Lafond Avenue

## Boys Wrestling Camp Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent Work Phone \_\_\_\_\_ Parent Name \_\_\_\_\_

Email address \_\_\_\_\_

Grade \_\_\_\_\_

I, the undersigned, submit my child is physically fit to participate in strenuous athletic activity and waive Saint Agnes School of any and all responsibility for injury or illness. I hereby authorize the director of Saint Agnes Wrestling Camps to act for me according to their best judgment in any emergency requiring medical attention.

Parent/Guardian Signature \_\_\_\_\_

Please send completed form to:  
**Saint Agnes Athletic Department**  
530 Lafond Ave.  
Saint Paul, MN 55103

**Make checks payable: Saint Agnes School**

FOR OFFICE USE ONLY: Total Fee Amount _____		
Camp Fee Pd/Date _____	Check# _____	Balance Due _____