

# DAKOTA WRESTLING: SUMMER CLINIC SESSIONS

(Experienced wrestlers only, entering 1st-12<sup>th</sup> grade)

## July 11<sup>th</sup>, 18<sup>th</sup> & 25<sup>th</sup>

\$100 per wrestler (\$75 for DHS or Dakota Wrestling Club Members)

Clinics held in DHS Wrestling room. Cost includes clinic T-Shirt.

**LAST DAY OF REGISTRATION IS 7/10/2023 at 10PM.**

Featured Clinicians	Additional Staff:
7/11 Bryce Hasseman	Ed Skowneski
7/18 Layne Malczewski, Nick Alayan, Brendan Ferretti, Caleb Weiland	Ed Skowneski Jr
7/25 Greg Wagner	Brian Ales
	Keith Weiland

## SUMMER WRESTLING = WINTER CHAMPIONS

Bryce Hasseman

Layne Malczewski (MSU), Nick Alayan (DAVENPORT)

Brendan Ferretti (NAVY), Caleb Weiland (MSU)

US National Team Member

DAKOTA HS STATE CHAMPS

DWC Head Coach

Greg Wagner U of M

3CX NCAA All American HW

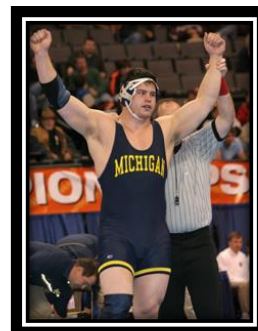
<https://goheels.com/sports/wrestling/roster/coaches/bryce-hasseman/600>



**Session I 10:00 AM-12:00 PM**

**Lunch:** 12:00 PM -1:00 PM  
(Wrestler to bring sack lunch)

**Session 2 1:00 PM-3:00 PM**



Contact Keith Weiland at [keithweiland@gmail.com](mailto:keithweiland@gmail.com) with all questions or concerns.

Payments may be made online at <https://chippewavalleyschools.ce.eleyo.com/>, in person or via mail at Little Turtle Preschool (Community Education), 50375 Card Road Macomb, MI 48044/ Chippewa Valley Schools **Adult and Community Ed 19120 Cass Ave, Clinton Twp 48038**, or by phone at (586) 723-2050. Payments can be made in cash, check, VISA, or MasterCard. All withdrawals are subject to an \$8.00 processing fee. No refunds will be issued once the camp begins. A \$20.00 fee will be assessed for any returned checks. PAYMENT IS DUE IN FULL AT TIME OF REGISTRATION. Coaches CANNOT accept registration payments. Last Day to register is July 10<sup>th</sup> at 10PM.

\*Refund Policy Event Specific is as follows: 50% Refund + \$8.00 Processing Fee ON OR BEFORE July 4<sup>th</sup>. NO REFUNDS after July 10<sup>th</sup>\*

<b>Students Name:</b>		<b>Grade in Fall of 2023:</b>	<b>DOB:</b>
<b>Parent/Guardian Name:</b>			
<b>Address/City:</b>			<b>Zip:</b>
<b>Phone:</b>		<b>Email:</b>	
<b>T-Shirt Size (Circle One):</b> XXS XS S M L XL XXL XXXL			
<b>Cash:</b>	<b>Check #:</b>	<b>VISA/MC #:</b>	
<b>Name as it appears on card:</b>			<b>Exp. Date:</b>
<b>Cardholders Signature:</b>			