

DAKOTA WRESTLING: SUMMER CLINIC SESSIONS

(Experienced wrestlers only, entering 1st-12th grade)

July 11th, 18th & 25th

\$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.

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|---|--------------------------|
| 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

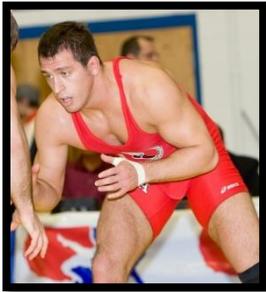
DAKOTA HS STATE CHAMPS

Greg Wagner U of M

DWC Head Coach

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 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 10th at 10PM.

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

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