

# Apple Valley Wrestling

## State Champions

1983,1985,1986,1991,1994,1995,1997,1999,2000,2001,2002,2003,2004,2006,2007,2008,2009

## **2009 WRESTLING CAMP OF CHAMPS**

**August 11, 12, 13th (3 DAYS!!!!)**

**Decades of Dominance - Tradition Continues**

**TECHNIQUE, INTENSIVE DRILLING AND LIVE WRESTLING**

**\*CAMP TECHNICIAN: Rudy James – 2009 Vet. National Champion  
AV Club Head Coach (9 years)  
4X (MSU-N) All-American/National Champion**

**\*Apple Valley High School Wrestlers will assist as camp counselors.**

**\*COST: \$ 90.00/Wrestler [Please register early!! First 50 kids.]**

**\*GRADES: K-4th and 5<sup>th</sup> - 9<sup>th</sup> (Grades of 2009 - 2010)**

**\*Lots of great talented and skilled wrestlers from Minnesota will attend. All focus will be on Folkstyle wrestling and getting them fine-tuned for the up coming year.**

**Apple Valley High School in the main gym/wrestling room  
14450 Hayes Road  
Apple Valley, MN 55124**

**TIME/SCHEDULE:**

Session I	10:00 AM - 11:30 AM	K-4th
Session II	12:00 PM - 1:30 PM	5th-8th

**CONTACT:**

**Rudy James for more information on registration or regarding questions camp related.  
Phone: 651-690-3945 Main, 651-925-6664 Mobile, Email: [rudiedawg@hotmail.com](mailto:rudiedawg@hotmail.com)**

Make check Payable: APPLE VALLEY WRESTLING CLUB  
Mail to: Jim Jackson, 16579 Gunflint Trail, Lakeville, MN 55044-5240

----- Registration form – please detach -----

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ WEIGHT \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I hereby certify that my child is in good health and has my permission to participate in the Apple Valley Wrestling Camp. I understand that I will not hold Apple Valley Wrestling nor any of its wrestling staff liable for injuries that my child may acquire while wrestling.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**“Expect Excellence”**