

# 2019 Glynn Academy Red Terror Youth Camp

Football Camp 9:00 AM-12:00 PM

**\*\*\*May 28<sup>th</sup> – 31<sup>st</sup>\*\*\***



## STATE PLAYOFFS:

05, 06, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18

## CITY CHAMPIONS:

2005, 2011, 2014, 2015, 2016, 2017, 2018

**\*2015 STATE FINALIST\***

**\*\* 8/30/2019 Youth Football Night. Meet at 4:45 pm at the bus gate to participate in pre-game activities. Please wear your camp T-shirt.\*\***

## Information

**WHO:** Kindergarten – 7<sup>th</sup> Grade  
**WHAT:** Skills Development Camp (Non-Contact)  
**WHERE:** Glynn Academy Football Field House (1106 Egmont Street)  
**WHEN:** May 28<sup>th</sup> – 31<sup>st</sup> (FOUR DAYS), 9:00 a.m. – 12:00 p.m.  
**COST:** \$100.00 per person (Reduced rates for 2 or more family members)  
**CONTACT:** Coach Sharpe (267-4210. EXT 3285) / [taylor.sharpe@glynn.k12.ga.us](mailto:taylor.sharpe@glynn.k12.ga.us)  
**INCLUDED:** Daily Lunch and Camp T-SHIRT  
**WEAR:** Socks & Tennis Shoes, T-shirt & Shorts, Football Cleats (if available), Sun Block  
**PAYMENT:** Cash OR Check  
Please make checks payable to Glynn Academy Football  
Send to: Glynn Academy  
Attn: Taylor Sharpe  
1001 Mansfield St. Brunswick, Ga 31520

## 2019 Glynn Academy Football Schedule

|      |      |                          |      |              |      |                |      |
|------|------|--------------------------|------|--------------|------|----------------|------|
| 8/16 | 7:30 | VALDOSTA (Scrim.)        | Home | 10/4         | 7:30 | CAMDEN COUNTY  | Home |
| 8/23 | 7:30 | FORT DORCHESTER, S.C.    | Away | 10/18        | 7:30 | RICHMOND HILL  | Away |
| 8/30 | 5:00 | WASHINGTON (Youth Night) | Home | 10/25        | 7:30 | BRUNSWICK      | Home |
| 9/6  | 7:30 | GROVES                   | Away | 11/1         | 7:30 | EFFINGHAM      | Away |
| 9/20 | 7:30 | WAYNE COUNTY             | Home | 11/8         | 7:30 | BRADWELL       | Home |
| 9/27 | 7:30 | WARE COUNTY              | Home | 11/15 - 12/1 |      | STATE PLAYOFFS |      |

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## Camp Registration Form/Waiver

(Please detach and return with check)

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

*By signing this registration form, I agree to release Glynn Academy Football camp, its staff, and any of its sponsors from any liability involved with any injury or illness incurred by participating in this camp.*

Signature \_\_\_\_\_