

CAMP OWNERS AND DIRECTORS



DICK DULLAGHAN

Ben Davis High School (Retired)
Indianapolis, Indiana

- National HS Hall of Fame
- Indiana Football Hall of Fame
- Butler U. Athletics Hall of Fame
- Career W/L Record 313 - 58 = 84%
- Eight Indiana State Championships
- Collegiate Coaching 4 years - Purdue + Army
- Twelve Time "IFCA Coach of the Year"
- Sent over 200 players to College FB
- National FB Foundation Distinguished Amer. Award
- USA Football Clinic Director 10 years
- Coached 10 NFL or CFL Players
- Camp Owner/Director/Clinician 43 years



BILL LYNCH

DePauw University Head Coach

- Indiana Football Hall of Fame
- Butler U. Athletics Hall of Fame
- Thirty-nine Years Collegiate Coaching Experience
- Collegiate Head Coach 24 years
- As Head Coach Led 3 programs to Post Season/Bowl Games
- Eight Years Big 10 Coaching Experience
- Twelve Years Mid-American Conference Experience
- Head Coach in Big 10, Mid-American, Div. II and Div. III
- National FB Foundation Distinguished Amer. Award
- Over 135 Collegiate Wins
- Coached over 25 NFL Players
- Camp Owner/Director/Clinician 40 years

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US POSTAGE
PAID
INDIANAPOLIS IN
PERMIT 9395



HIGH SCHOOL SKILLS AND LINEMAN CAMP HIGH SCHOOL TEAM CAMPS

GRADES 9-12 (FALL 2019)

PO Box 780
Greencastle, IN 46135

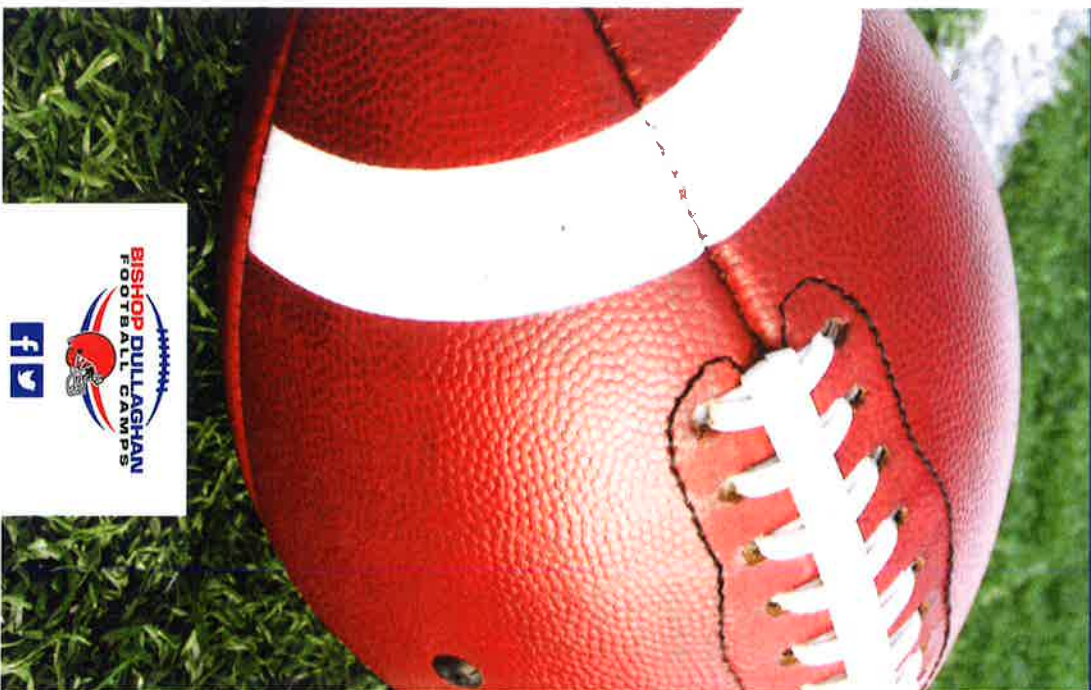
REGISTER ONLINE NOW:
WWW.BISHOPDULLAGHAN.COM

★ BISHOP DULLAGHAN ★

HIGH SCHOOL SKILLS AND LINEMAN CAMP

HIGH SCHOOL TEAM CAMPS

GRADES 9-12 (FALL 2019)



AMERICA'S LARGEST FOOTBALL TECHNIQUE CAMPS

EQUIPMENT (WHAT TO BRING TO CAMP):

- Helmet and Shoulder Pads Required
- Inflated Football for QBs
- Knee Pads for QBs
- Mouthpiece
- Football Shoes (Broken In)
- Tennis Shoes
- Sweatshirt, Socks, Shorts, T-Shirts
- Alarm Clock
- Soap, Towels
- Pillow, Twin Sheets, Blankets

REGISTRATION AND PICK-UP:

Check in between noon and 1:30 PM (No lunch served on check in day). Pick up at 3:30 PM on last day of camp.

\$20 cash Key Deposit due at check-in.

INQUIRIES:

Related to registration, payment or housing:
Katelyn Lynch — email: katelynch7712@gmail.com
 call or text: 765-748-8208

Related to football:

Dick Dullaghan — call or text: 317-670-9848

Bill Lynch — call or text: 812-679-8125

Visit our website to see what a typical camp day looks like!

CAMP APPLICATION — fill out and send to address below or register online now: www.BISHOPDULLAGHAN.com

CHOOSE CAMP: (Check one or more)

★ HIGH SCHOOL SKILLS AND LINEMAN CAMP

LOCATION	DATE	FEE
<input type="checkbox"/> 1 DePauw University GREENCASTLE, IN	June 24-26	\$300
<input type="checkbox"/> 2 DePauw University GREENCASTLE, IN	June 17-19	\$250

Make check payable to:
 Bishop-Dullaghan Football Camp, Inc.
 Mail application and check to:
 Bishop-Dullaghan Football Camps, Inc.
 P.O. Box 780
 Greencastle, IN 46135

★ HIGH SCHOOL TEAM CAMPS

LOCATION	DATE	FEE
<input type="checkbox"/> 1 DePauw University GREENCASTLE, IN	June 10-12	\$250
<input type="checkbox"/> 2 DePauw University GREENCASTLE, IN	June 17-19	\$250

Full refund (minus \$40 handling fee) if cancellation is made prior to June 1. An \$80 handling fee is charged if cancellation is made after June 1, but prior to the start of camp. NO REFUNDS WILL BE MADE FOR ANY REASON AFTER CAMP STARTS.

PAYMENT:

Name _____ Grade (Fall of 2019) _____
 Address _____ City _____ State _____ Zip _____
 Parent Phone: (____) _____ Email _____
 Offensive Position _____ Defensive Position _____
 Coach's Name _____ School _____
 Roommate Preference _____
 (Roommate request not guaranteed)

My camper has my permission to attend The Bishop/Dullaghan Football Camp. I have no knowledge of any physical impairment that would affect my camper's participation in the B/D Camp program. In the event of any emergency in which my camper requires medical care, I authorize the staff of the B/D Camp to act for me to obtain for him whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with attendance at the camp. I acknowledge that at the B/D Camp my camper will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground, that at the B/D Camp he may incur a risk of injury. I specifically WAIVE and give up and release the B/D Camp, its owners and staff from liability for any claim for damages which my camper may have for injuries, or illness that he may sustain at the B/D Camp. I authorize the B/D Camp to use any photographs or articles about my camper for publicity purposes. I also further agree to reimburse B/D Camp for any room damage caused by my camper while attending the B/D Camp sessions.

He is covered by _____ Insurance Company _____ Policy No. _____
 Signature of parent or legal guardian _____
 Print name of parent or legal guardian _____

CUT OFF THIS SIDE AND KEEP FOR YOUR RECORDS