



LIGHTS 7 ON 7 AND BIG MAN CAMP JUNE 10-11, 2010

MSU-Northern Offensive Coordinator Kyle Samson is offering a 2 day 7 on 7 and Big Man Camp for High School Teams. Campers will receive direct individual coaching by position from **Lights Coaches: Mark Samson (Head Coach) Kyle Samson (QB's/Offense), Jake Eldridge (DB's/Defense), Scott Leeds (WR's) Josh Glahn (D-Line), Andrew Leightnam (OL) Khalin Anderson(DB's) Former Lights Safety Marc Samson (DB's/Defense); Former Lights RB Justin Moe (RB's); Former Montana State Middle Linebacker Bobby Daly (LB's).**

Hall of Fame and Legendary Carroll College Coach Bob Petrino will be speaking on Leadership!

Teams will receive individual position work on Thursday morning and afternoon. Thursday afternoon and evening we will have a round robin tourney and demonstrations from current Northern Players. Friday will be the tournament and you will be seeded by your record in round robin play. O-Line and D-Line will compete in various games (i.e. Pass Rush/Pass Pro) The camp will run from 10:00 a.m. on Thursday to 3:00 P.M. on Friday at the Havre High Practice Fields.

You may pre-register by sending in the form below to:
Coach Kyle Samson, 1008 19th Street, Havre, MT 59501

Cost of camp is \$50 Per Player

Each Coach and Player will receive a Camp T-Shirt, Meals, Lodging (In Dorms) and Individual and Team Awards **Make checks payable to: Northern Football Camp - You can have one check for whole team or individual checks.** Coaches we would appreciate it if you sent all of your brochures in at the same time in one package. A Complete Camp itinerary and bios of coaches will be sent to all coaches very soon.

I give my child permission to participate in the Lights Football Camp June 10-11. I understand that there is possibility for injury while participating in the camp, and agree to let the camp coordinators act in their best judgment in case of sickness or injury. My signature below indicates that (1) I will not hold coaches or affiliates of the camp responsible if injury or sickness does occur,(2) my son is mentally & physically capable of participating in this camp, (3)his participation is voluntary and (4) I voluntarily permit his participation.

Player's Name: _____ **School:** _____

Coaches Name: _____ **Parent's Name:** _____

Address: _____

Offense Position: _____ **Defense Position:** _____

Phone: _____ **Emergency Contact Phone:** _____

Medical Information: *(please list any medical conditions, allergies or prescriptions)*

Parent's Signature: _____

Make Checks Payable to: Northern Football Camp

Equipment— Helmets (For Skill Players) Helmets and Shoulder Pads (For O-Line - D-Line)

Coaches Please Bring your own practice or game jerseys and your own footballs that you use for the season.

For any questions contact: Camp Coordinators:

Kyle Samson (Offensive Coordinator/QB Coach) 406-431-3686

Jake Eldridge (D-Coordinator/D's Coach) 406-390-1440