

Jarad Grohowski Foundation

Established 2003

Brian Grohowski
125 Almond Lane
Wilkes-Barre, Pennsylvania 18702

President: Brian Grohowski
Vice President: Ted Richards
Treasurer : Ross Wayman
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Jarad Grohowski Foundation Camp application

Date: ___/___/___

Camp Attendee's Name: _____

Age: _____ Grade in September: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

School: _____

Coach's Name: _____

Coach's Phone: _____

Camp date: _____ Where attending: _____

Cost of Camp: \$ _____ **A receipt or Copy of Canceled check or money order will be needed to confirm attendance. Please attach copy.**

Please Print Name of person getting the refund: _____

Signature of Parent or Guardian if Camp attendee is under 18 years of age:

Print Name

Sign:

Please submit no later than August 31, of current football season.
Refunds will be given to Payee of the Camp after the Football season is over.