



**SWAC FOOTBALL OFFICIALS CAMP AND CLINIC**  
**April 22, 23, 24, 2010**  
**Houston, Texas**

**REGISTRATION FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Shirt size [circle] S M L XL 2XL 3XL

Hat size [circle] S M L Height \_\_\_\_\_ Weight \_\_\_\_\_

Officiating Experience [number of years]: \_\_\_\_\_

High school \_\_\_\_\_ College \_\_\_\_\_ Arena \_\_\_\_\_ Semi Pro \_\_\_\_\_ Other \_\_\_\_\_

Position preferred at camp [select 2 in ranking order] R \_\_\_\_\_ U \_\_\_\_\_ H \_\_\_\_\_ L \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ B \_\_\_\_\_

Referred by SWAC Official [name] \_\_\_\_\_ Referred by other \_\_\_\_\_

Registration Fee: \$500 payable to Harold Mitchell. All monies due by February 15, 2010. Payment is accepted either through money order, certified check, or personal check. Camp registration is on first-come first-serve basis.

Send registration form and camp fee to: SWAC Football Camp and Clinic  
Harold Mitchell Sr.  
P. O. Box 1687  
Riverview, Florida 33568

Make checks payable to: Harold Mitchell

Refer all questions to: Harold Mitchell, Sr.; SWAC phone: 205-919-1348; Home: 813-677-5929  
Fax: 813-741-3297; Personal Cell: 404-983-4985; Email: [hmitchell@bellsouth.net](mailto:hmitchell@bellsouth.net)

**Dress Code:** Bring full uniform to camp. Shorts are optional depending on the weather.

**Hotel Accommodations:** Crown Plaza-Houston River Oaks, near the Galleria  
2712 Southwest Freeway  
Houston, TX 77098  
713-577-1263  
Contact person: Cyndie Steck

For reservations call: 713-577-1263 reference SWAC Football Camp and Clinic  
Reservations must be made by March 15, 2010  
Room Rate: \$77 plus tax