



Wyoming Elite WRESTLING CAMP

Sponsored by Lovell Wrestling in conjunction with the
Lovell Recreation District

JOE LEBLANC/ Rulon Gardner



ATTITUDE
DETERMINES
ALTITUDE

Tradition
Teamwork
DISCIPLINE
DEDICATION
PASSION
CONFIDENCE
COURAGE
FAMILY
INDIVIDUALITY

Head Clinicians:

Joe LeBlanc

Coaching Career:

- Head Assistant Coach at University of Northern Colorado in Greeley 2014-2015
- Head Assistant Coach at Brown University in Providence, RI 2013-2014
- Assistant Coach at Indiana University in Bloomington 2012-2013

University of Wyoming:

- 4X NCAA Division I All-American (First and only in UW history)
- Winningest wrestler in University of Wyoming history with 147 wins
- 3X Western Wrestling Conference Champion

Rulon Gardner

- 2000 Olympic Gold Medalist in Greco Roman
- 2004 Olympic Bronze Medalist in Greco Roman
- U.S. Champion in 1995, 1997, and 2001
- James E. Sullivan Award for amateur athlete of the year, 2001
- Jesse Owens Award, 2001
- United States Olympic Committee Sportsman of the Year, 2001
- ESPY award for U.S. Male Olympic athlete of the year, 2001

WHO: K-12 Grade Students

WHERE: Lovell Middle School Gym

WHEN: June 21-23

Daily Schedule: (Subject to Change)

8:00-11:00 AM - Technique

11:00-12:00 PM Lunch Break

12:00-1:30 PM Technique

1:30-2:00 PM Break

2:00-3:30 PM Technique/Live

Saturday (6/23) 8:00-1:00PM

Check-In/Walk on Registration: Located in the Lovell Middle School Gymnasium between 7:00-8:00 AM on the first day (6/21)

Camp Cost:

\$75 per wrestler

- Please make checks payable to **WAWA**
- Send completed registration form and check to:
 - Lovell Wrestling
Nick DeWitt
502 Hampshire Ave.
Lovell, WY 82431

Questions:

Nick DeWitt

307-272-8494

ndewitt@bgh2.org

Bryan Galey

307-262-9464

Corey Allison

307-680-5082

What to Bring: workout gear, wrestling shoes, running shoes, snacks or money, and water bottle.

Applications will be accepted until the day of camp; however, we request you to apply early to guarantee your space at camp.

Wyoming Elite Wrestling Camp:

Registration Form

Name: _____

Age: _____ Grade: _____ WT: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (____) _____

Emergency Contact: _____

Emergency Phone: (____) _____

Insurance Company _____

Policy Number _____

Allergies _____

I hereby waive and release Wyoming Elite Wrestling Camp, WAWA, and the Lovell Recreation District from any and all liability and injuries or illness incurred while in camp. I authorize the said camp to act for me in any medical emergency, according to their best judgment.

Parent/Legal Guardian (Please Print)

Parent/Legal Guardian Signature:

Date: _____

Email: _____