

Christine Wolff, Principal



Jill Briscoe, Assistant Principal
Shalonda Brooks Assistant Principal
Deb Collin, Assistant Principal

LONGHORNS

Dr. John Long Middle School

2025 Mansfield Boulevard • Wesley Chapel, Florida 33543
(813) 346-6200

SUMMER SPORTS CAMP

- WHO:** Students Entering 6th, 7th or 8th grade next school year (2018)
- WHAT:** Variety of games such as flag football/basketball/indoor soccer/team handball/wiffle ball/capture the flag and others
- WHEN:** **1st Session:** Monday, June 4th – Thursday, June 7th
2nd Session: Monday, June 11th – Thursday, June 14th
3rd Session: Monday, June 25th – Thursday, June 29th
- TIME:** **All Sessions:** 8:30 am - 12:30pm
- COST:** **Each Session is \$60**

Student Name: _____

Grade: _____ Student Number: _____

Parent Name (please print): _____

Contact phone #: _____

For more information: Coach Beagle rbeagle@pasco.k12.fl.us
Coach Partain jpartain@pasco.k12.fl.us

- **YOU CAN PAY CASH or CHECK (Drop off at front office 9am-4pm) Mon-Thurs**
- ** CHECK: PLEASE MAKE PAYMENT PAYABLE TO: JLMS**
- **REGISTRATION DEADLINE (1st session) Mon, June 4th**
(2nd session) Mon, June 11th (3rd session) Mon, June 25th
- *Refunds will not be given for ILLNESS and NO SHOWS past the deadline date.**

I _____ give permission for my child to participate in the JLMS Summer Sports Camp. My child has received a physician's clearance to participate in physical activities such as this, and I agree to provide transportation if we live outside of the school's walking radius.

PARENT SIGNATURE: _____ **Date:** _____