

# 2024 ALL ALASKA FOOTBALL CAMP XXXII

**BRING TO CAMP**  
T-Shirt  
Shorts  
Mouth Guard  
Turf Cleats  
Football  
Full Water Bottle

# ALL ALASKA FOOTBALL SHOWCASE

**Monday, June 24th**  
**South Anchorage High School**  
For Players Entering Grades 9-12  
All Unsigned Post-Graduate Players Welcome!

**EARN YOUR SCHOLARSHIP**  
**FEATURING COLLEGES FROM ACROSS THE NATION**

Schedule	
12:00PM	Registration
1:00PM	Welcome to Show- case (Bleachers/Field)
1:15PM	Dynamic Stretch
1:35PM	Physical Testing
2:15PM	Individual Position Drillwork
3:10PM	1 on 1 Competition
3:45PM	On Field Closing Re- marks
4:00	College Recruiting Seminar <i>Meet the Coaches!</i> Gym

- **1200+ Recruited Players**
- **1200+ All State players**
- **38 State Champion Teams**
- **36 State Finalist Teams**
- **Showcase Results will be Available to Colleges Nationwide**

## **\$99 Football Showcase Registration Fee**

Register online at [AllAlaskaFootballCamp.com](http://AllAlaskaFootballCamp.com)  
or by traditional — Money Order, Cashier's Check or Cash.  
Mail payment and Completed Form Below Payable to:

**All Alaska Football Camp LLC**  
PO Box 241094  
Anchorage, AK 99524

[www.AllAlaskaFootballCamp.com](http://www.AllAlaskaFootballCamp.com)

# ***Champions Forged Here!***

Complete, detach and mail this form

Player Name \_\_\_\_\_

High School \_\_\_\_\_ Grade Next Season \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_

Twitter/X \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Position (Offense/Defense) \_\_\_\_\_

*\_\_\_\_\_ I hereby acknowledge the health of my son to be ready for vigorous activity at the All Alaska Football Showcase Camp and authorize the directors to secure emergency treatment deemed necessary and that I, hereby, release camp directors, coaches, All Alaska Football Camp, LLC and all employees from all such claims on account of any injuries which may be sustained by my son while attending camp.*

Parent/Guardian \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Date \_\_\_\_\_