



# CAMP INSTRUCTORS



## TOMMY FINN

- Andean Quarterback 2003 & 2004
- 2004 Indiana Mr. Football Runner-up
- Named to North/South All-Star Team
- Led Andean to first ever State Football title in 2004
- 2004 state leader in passing yards
- 2004 Post Tribune & Times Player of the Year
- 2004 Post Tribune, Times, & Region Sports Network Athlete of the Year
- Four year starter for Northwestern University baseball team



## BOBBY FINN

- Andean Quarterback 1995, 1996, 1997
- 1997 Post Tribune Player of the Year
- Led team to State Runner-up in 1997
- Named to North/South All-Star Team
- First Team All-State Quarterback
- Played college football at Fordham University



## BILLY FINN

- Andean Quarterback 1991, 1992, 1993
- 1993 Post Tribune First Team All-Area Quarterback
- First Team Academic All-State (football, basketball, baseball)
- Four year starter on Valparaiso University baseball team

# CAMP HIGHLIGHTS

### ★ Guest Speakers

High School & College Head Coaches

### ★ Fundamentals & Drill Work

Footwork, Ballhandling, Passing, & Receiving

### ★ Leadership

Leadership Awards & Daily Discussions

### ★ Competitions & Awards

Individual/Team Skill Contests & Games

### ★ Player Evaluation

★ Campers receive a performance t-shirt

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**Cost \$125 per camper**

*\$150 if registering after June 30th  
Walk-up Registrations are \$150*

### CAMP ATTIRE:

shorts, t-shirt, football shoes  
*(Also bring water bottle and tennis shoes - in case t-storms move us indoors)*

Campers need to be dressed and ready to begin at 9:00 a.m. sharp.

Arrivals begin at 8:30 a.m. for check-in each day.

An athletic trainer will be on site each day.

**SEE WEBSITE FOR DIRECTIONS  
TO ANDREAN HIGH SCHOOL**

**Registration deadline is June 30th**

The preferred manner of registration is via the website [www.finnpassingacademy.com](http://www.finnpassingacademy.com). If you are unable to register online, please send registration form and payment to:

**Finn Passing Academy**  
**6659 Braemar Avenue South**  
**Noblesville, IN 46062**

Checks should be made payable to: **Finn Passing Academy**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

School \_\_\_\_\_ Grade in 2010-11 \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_ T-shirt size: S M L XL (adult sizes) \_\_\_\_\_

Position(s) \_\_\_\_\_

Insurance Company and Policy # \_\_\_\_\_

I hereby authorize directors of the camp to act for my child according to their best judgment in an emergency requiring medical attention. I hereby release the camp from liability for any injuries incurred while at camp.

Parent Signature \_\_\_\_\_