

## T.O.W. International Training Camp Information

The Columbus Wrestling Club is proud to present The 2022 Top of the World – International Training Camp. This a great opportunity for both male and female wrestlers to learn new technique, live wrestle, and prepare yourself to compete at the Ohio State Fair Wrestling Tournament!

Our highly skilled staff will teach 2 on1 setups, top position, leg attack takedowns, combinations and leg attack defense. The main focus and goal of this camp is to exposure wrestlers to world class techniques, while drilling and wrestling in live situations and matches. This is an excellent opportunity to receive personalized instruction and motivation to attain your goals.

### Camp Schedule – (Sun Mon Tues)

Arrival/Registration.....5:15PM  
Warm Up ..... 5:30 PM - 6:00PM  
Technique Session I .....6:00PM - 6:45PM  
Break ..... 6:45PM – 7:00PM  
Technique Session II.....7:00 PM - 7:45PM  
Break ..... 7:45PM – 8:00PM  
Live Wrestling.....8:00 PM - 8:20PM  
Cool down/Exit.....8:20PM - 8:30PM

### Wednesday Camp Schedule:

Arrival .....3:45PM – 4:00PM  
Warm Up ..... 4:00 PM - 4:20PM  
Live Matches Session I ....4:20PM - 4:50PM  
Break ..... 4:50PM – 5:00PM  
Live Matches Session II....5:00 PM - 5:30PM  
Cool down/Exit.....5:30PM - 5:45PM  
\*Crew Soccer Game ..... 7:30PM – 10:00PM

\*\*Optional (Game ticket cost: \$39.00 must pay in advance)

"The good boy who is going to make a Great man must not make up his mind merely to overcome a thousand obstacles, but to win in spite of a thousand repulses and defeats."

~Theodore Roosevelt

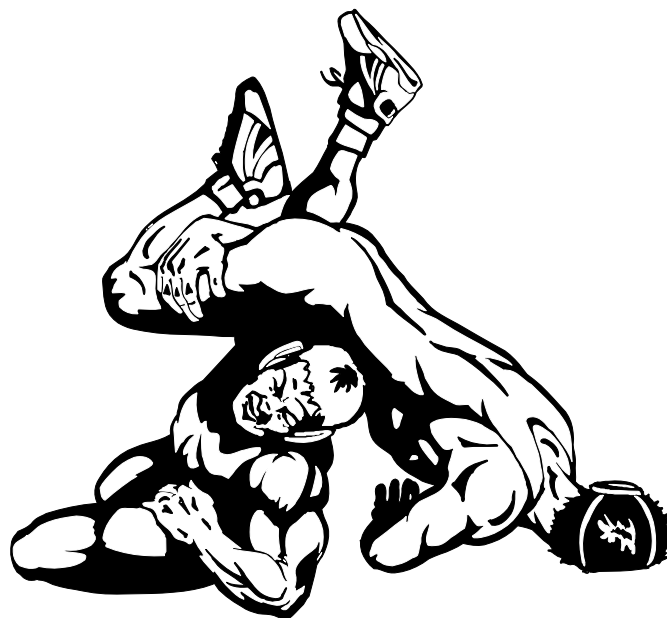
# 2022 TOP OF THE WORLD –INTERNATIONAL WRESTLING CAMP

JULY 31<sup>ST</sup> - AUGUST 3<sup>RD</sup>



WORLD CLASS CLINICIANS  
&  
WORLD CLASS TECHNIQUE:

SERGEI KITAEV - OLYMPIC FS COACH  
MARYIA IVANOVA - WOMENS FS MEDALIST  
CWC STAFF & GUEST CLINICIANS



## GAHANNA LINCOLN H. S.

140 S. HAMILTON RD.  
GAHANNA OHIO 43230

CAMP COST: \$75

CAMP DIRECTOR BRIAN CHURCH  
614 496-6369

**2022**  
**TOP OF THE WORLD – INTERNATIONAL WRESTLING CAMP**  
**REGISTRATION FORM:**

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Last Name	First Name	Age
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Address	Zip Code
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/ YS / - / YM / - / YL / - / AS / - / AM / - / AL / - / AXL /	
School	Circle T-Shirt size

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	(     )	
Emergency contact		Phone number in case of emergency

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Email address	Cell Number
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**Waiver of Liability:** (please sign and date)

I verify that my child has been seen by a physician and is physically able to participate in the Top of the World International Wrestling Camp. I agree to allow my child to be treated by personnel at camp if necessary. This camp can be intensive at times and I understand the combative nature of the sport of wrestling and seasonal temperatures associated with camps in this location. My wrestler has a primary insurance carrier.

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Signature of Parent or Legal Guardian	Date
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Printed Name of Parent or Legal Guardian	Date
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