

# ALMONT FOOTBALL

FOUR PROGRAMS  ONE FAMILY

## 2020 SEASON

### MIDDLE SCHOOL INFORMATION

#### INCLUDES:

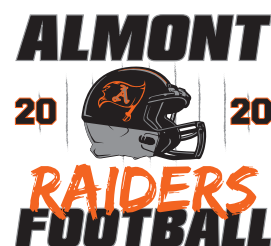
Cover Letter from Coach Leusby  
Covid-19 Guidelines from MHSAA  
Summer Schedule  
Physical Questionnaire  
FamilyID Information Sheet  
Custom Mouthguard Information  
Team Camp Form  
Fundraiser Order Form  
Game Socks Order Form  
Program Book Ad Order Forms



#### ORDER ONLINE TODAY!

Men's, Women's and Youth sizes!!!  
Great styles and colors to choose from.

SEE ADDITIONAL FLYER



For up-to-date program information and schedules, visit the Official Almont Football website, also on Facebook and Twitter.

**WWW.ALMONTFOOTBALL.COM**

 Almont Raiders-Football |  @AlmontRaidersFB

 TEXT @almontfb to 81010

# ALMONT FOOTBALL

Parents and Players,

Thank you for attending tonight's football program meet and greet. Tonight is all about getting the ball rolling on the 2020 season. Although we have so much uncertainty due to the Covid-19 pandemic, as a program we are planning on preparing as everything will be a go in the fall. If you have any program questions that you didn't get answered tonight, please contact Coach Leusby at [almontfootballprogram@gmail.com](mailto:almontfootballprogram@gmail.com) or text/call 586-405-2715.

Due to the Covid-19 restrictions we will not have our traditional parent meeting gathering due to maintaining social distancing. Instead, please read through this cover letter and your team packet for information about the upcoming season. The coaches are all here this evening to help answer any football questions you may have.

We are adhering to the MHSAA guidelines concerning Covid-19. We are required to take temperatures of players and ask them symptom related questions before practice (see attached form). These questions will be done through a QR Code system for an online survey. These answers will be stored daily in our records. Our schedules reflect this extra time required so we are not taking away from our on-field practices and training. MHSAA also is allowing players to use their 2019 school year sports physical for the 2020 season as long as it's dated after 4/15/2019. **YOU MUST FILL OUT THE ATTACHED QUESTIONNAIRE for 2020.** If you do not have a physical dated after April 15, 2019, you must get a new physical.

Please take note of any due dates/deadlines on the forms included in this packet. Here are a few of the important items:

- FamilyID completed before August 8 (see instruction letter for help). Players that do not have FamilyID done will be last to get their equipment on August 9.
- Camp forms mailed or turned in by July 16. (must be in my hand on July 16th)
- Physical questionnaire/or new physical due before August 8.
- Fan Gear Website will renew and stay open until July 31st (we can only post the store for 2 weeks at a time)
- Aug 20th Raider Card Blitz Night (Mandatory for all HS Players)
- Summer Workout Protocol

We are glad to be getting back into football mode, although the situation we are facing changes daily the strength of our program has always been to take adversity head on. We will adapt and overcome and be a better program because of it.

Coach Leusby

## COVID-19 ASSUMPTION OF RESPONSIBILITY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments have recommended various protective measures including wearing face masks where possible, frequent handwashing, use of hand sanitizer and social distancing. The Almont Community Schools have put in place preventative measures directed by the state government to reduce the spread of COVID-19; however, the Almont Community Schools cannot guarantee that your student-athlete will not become infected with COVID-19 while involved in extra circular activities. If a child contracts COVID-19 the child can have serious medical complications which could result in death and if a child is infected they can spread the COVID-19 virus to others which can result in other people, including family members, having serious medical complications which can result in death.

By signing this agreement, the undersigned parents of \_\_\_\_\_  
(print students name)

request that our child be permitted to participate in the following sports programs at the Almont Community Schools:

\_\_\_\_\_  
(print the name of all sports that the student will participate in during 2020-2021)

The decision to have our child participate in the listed sports programs is our decision and our decision alone. We agree to and assume all risk of infection of the COVID-19 virus by our child arising out of our child participating in the listed sports programs and agree to indemnify and hold harmless the Almont Community Schools, its employees and Board members from any and all liability including claims for personal injury, sickness or death due to COVID-19 arising out of or relating to our child's participation in the listed sports programs.

\_\_\_\_\_  
Signatures of Parents or Legal Guardian

\_\_\_\_\_  
Date



### **MHSAA Return To Play Phases for Football**

The return to football will be broken up into 3 Phases. Here is a quick outline of what each phase will look like for our program.

#### **Phase 1:** Cleared already- OUTDOORS ONLY

- At home conditioning and Individual workouts through PLT4M
- Students can not use the same equipment or ball without it being cleaned in between contact (no passing between two athletes)

#### **Phase 2:** June 15th (OUTDOORS ONLY) -***We are here!***

- Low risk practices and workouts allowed outside
- 7 on 7 vs air only (must maintain 6ft social distancing requirements)
- Helmets only. Balls can be shared among athletes but must be cleaned after use
- Weight room/indoor facilities closed until state gives us permission to open

#### **Phase 3:** Dates TBD

- Moderate risk practices and competitions allowed (7 vs 7 football)
- High Risk competition allowed when state regulations allow (Full Practice/Games)



## Summer Workout

### **When on Campus**

- When students are arriving at workouts, they must wait six feet apart.
- All coaches and students will be screened for signs/symptoms of COVID-19 prior to a workout. Screening includes a daily symptom questionnaire by QR Code. ***(Please download a QR Reader prior to July 8th)*** Coaches will take the player's temperature during daily attendance. *(if a player doesn't have a phone a written questionnaire will be provided each day)*
- Any person with positive symptoms reported will not be allowed to take part in workouts and should contact his or her primary care provider or other appropriate health-care professional.
- Any person who has had a fever or cold symptoms in the previous 24 hours should not be allowed to take part in workouts and should contact his or her primary care provider or other appropriate health-care professional.
- Hand sanitizer will be available, students, coaches, will be encouraged to use it often.
- Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating in workouts.
- Locker rooms will not be available during this phase. Individuals should arrive dressed and prepared. Personal belongings should be kept in a car or kept 6 feet away from others.
- Face coverings should be worn if a player is not participating in aerobic or physical activity. Program will provide players with a "Raider gaiter", it will be made of cotton and not considered medical grade.
- **All students must bring their own water bottle. Water bottles must not be shared.**
- **When the weight room opens every player MUST have his own towel**
- Hydration stations (Water Trough/Horse.) will not be utilized. Make sure to bring enough water to last the entire practice.
- Workouts will be planned with a minimum distance of 6 feet between each individual at all times during social distancing restrictions
- There should be no shared athletic towels, clothing or shoes between students.
- Students and coaches will wash hands or use hand sanitizer after they have touched something another person recently touched.
- No spitting or snot rockets
- When students are leaving summer workouts they must adhere by the social distance requirements
- Students should shower and wash their workout clothing immediately upon returning to home

**\*\*It is important that we do our part as a program to lessen the spread of Covid-19, our season depends on it!!**

# ALMONT FOOTBALL

2020 Almont Raiders Middle School Football Schedule		
Date	Time	Event
June 12th-June 27th	7pm-8pm	Summer begins. Great time for family vacation. Voluntary workouts at practice field.
June 28th - July 7th MHSAA Dead period. Great time for family vacation		
July 13,14,15,16,	6pm-8pm	Middle School camp - Free
July 20-23 (Tentatively)	?	Extra work- TBD
July 27,28,29,30	6pm-8pm	Program camp - \$35
Aug 1-8 MHSAA Dead period. Great time for family vacation		
Aug 10th - 1st official day	4pm-830pm	Team event(Movie TBD) Equipment handout, locker room setup, parents mtg
Aug 11-14	3:30-5 4:30-6	7 man workouts - groups/times TBD
	5:30-7 6:30-8	
Aug 17-21	3:30-5 4:30-6	7 man workouts - groups/times TBD
	5:30-7 6:30-8	
Aug 24th	5pm-7pm	1st day of school. 1st full practice
Aug 24th- Standard Practice Schedule Begins		Mondays 4:30-7 Tuesdays 4:30 -7 Wed 2:45-5 until games start Thursdays 2:45-5 Fridays 2:45-5
Aug 25th - Team Pictures 5pm Followed by Practice Until 7pm	5pm-7pm	Team Pictures Followed by Practice
Aug 29th - Weather Permitting	8am-12pm	Team Community Service Event (8-10am), Team Intros (10-10:30), Parents vs Players Flag Football 10:30-11:30), Team/Family lunch (11:30-12)
Sept 7th	6pm-9pm	Labor Day practice followed by team meal
Monday October 26th	2:30-6	Equipment hand in, team 3v3 basketball tournament, pizza party
Game Schedule - All games are at 4:30		
Date/ Opponent	Bus Departs	Arrive Back at School
9/9 @ Imlay City	3:15	6:30
9/16 Home vs Algonac		
9/23 Home vs North Branch		
9/30 @ Cros-Lex	2:30	7:30
10/7 @ Armada	3:00	7:00
10/14 Home vs Richmond possibly a later start time for "under the lights" game		
10/21 Home vs Yale - On field photo opportunities following the game.		

## 2020-21 MHSAA SPORTS HEALTH QUESTIONNAIRE



Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Last Sports Qualifying Physical Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

### Check Yes or No for each question.

Since your last complete Sports Qualifying Physical Exam with your physician, **HAVE YOU HAD ANY OF THE FOLLOWING?**

	YES	NO
1. Has a doctor ever restricted or denied your participation in sports for any reason without clearing you to return to sports?	___	___
2. Do you have a heart condition or has a doctor ever told you that you had an abnormal heart test (e.g., ECG, echocardiogram)?	___	___
3. In the last year, have you ever passed out or nearly passed out during or after exercise?	___	___
4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?	___	___
5. In the last year, did your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	___	___
6. In the last year, did you get light-headed or feel more short of breath than expected during exercise?	___	___
7. In the last year, have you had an unexplained seizure?	___	___
8. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?	___	___
9. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death <u>before age 35</u> (including an unexplained drowning or an unexplained car accident)?	___	___
10. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?	___	___
11. In the last year, has anyone in your immediate family been diagnosed with a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	___	___
12. In the last year, has anyone in your immediate family <u>before age 35</u> had a heart problem, pacemaker, or implanted defibrillator?	___	___
13. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?	___	___
14. In the last year, has a doctor restricted or denied your participation in sport due to a serious injury or medical condition without clearing you to return to sports?	___	___

**Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches and/or athletic director to know (attach additional notes if space below does not allow for complete comments). Schools may require a student to have a valid physical exam at their discretion.**

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I do not know of any existing physical or additional health reasons that would preclude participation in sports.  
I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Guardian or 18-Year-Old Signature

Student Signature

Date

**FOR ATHLETIC DIRECTOR USE: A YES answer to any of the above questions requires a physical exam from a MD, DO, NP, PA prior to participation.**

\_\_\_ INFORMATION IS COMPLETE

\_\_\_ STUDENT REQUIRES FOLLOW-UP

Reference: Preparticipation Physical Evaluation (Fifth Edition): AAFP, AAP, ACSM, AMSSM, AOSSM, AOASM; AAP, 2019

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

### EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18 YEAR OLD

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY (1): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Drug Reactions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_



## MHSAA SPORTS HEALTH QUESTIONNAIRE - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18 year old

There are **FOUR (4)** signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

Student Name: \_\_\_\_\_  
last first middle initial

Student Address: \_\_\_\_\_  
street city zip

Gender: \_\_\_ M \_\_\_ F Age: \_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email Address: Parent/Guardian/18-Year-Old: \_\_\_\_\_

### STUDENT PARTICIPATION & PARENT or GUARDIAN or 18 YEAR OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.**

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

**1** Signature of **STUDENT**: \_\_\_\_\_ Date: \_\_\_\_\_

**2** Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: \_\_\_\_\_ Date: \_\_\_\_\_

### INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: \_\_\_ YES \_\_\_ NO

If YES, Family Insurance Co: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical health questions (see reverse) are complete and correct.

**3** Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: \_\_\_\_\_ Date: \_\_\_\_\_

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

### MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18 YEAR OLD

I, \_\_\_\_\_, an 18-year-old, or the parent or guardian of \_\_\_\_\_, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

**4** Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: \_\_\_\_\_ Date: \_\_\_\_\_



## **STEPS TO REGISTER YOUR ATHLETE ON FamilyID**

This message is for families with children participating in sports at Almont Community Schools.

We are excited to announce that Almont Community Schools is now offering the convenience of online registration through FamilyID for our sports programs. Family ID is a secure registration platform that provides you with an easy, user-friendly way to register for our sport programs and helps us to be more administratively efficient and environmentally responsible.

When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs. *Do not register / pay for your child until they have tried out and made a team.*

As in the past, students must have a completed hard copy of the MHSAA Physical Form. The completed physical form must be brought to the Athletic Office at the High School **before** tryouts. This form will remain on file in the athletic office until it expires. (See the top of the MHSAA physical form for more information on expiration).

Once your child has tried out and been accepted on a team, a parent / guardian, along with the student athlete can go to [www.almontschools.org](http://www.almontschools.org) and click on Athletics, then on the next page click on FamilyID. Once you have reached the FamilyID site, you can register by clicking on "Register Now". Follow the "new family" or "returning family" steps below:

### **DIRECTIONS FOR NEW FAMILIES:**

1. To find your program, click on the link above and select the registration form under the word **Programs**.
2. Next click on the green **Register Now** button and scroll, if necessary, to the **Create Account/Log In** green buttons. If this is your first time using FamilyID, click **Create Account**. Click **Log In**, if you already have a FamilyID account.
3. **Create** your secure FamilyID account by entering the account owner First and Last names (parent / guardian), E-mail address and password. Select **I Agree** to the FamilyID Terms of Service. Click **Create Account**.
4. You will receive an email with a link to activate your new account. (If you don't see the email, check your E-mail filters (spam, junk, etc.)
5. Click on the link in your activation E-mail, which will log you in to FamilyID.com.
6. Once in the registration form, complete the information requested. All fields with a red\* are required to have an answer.
7. Click the **Save & Continue** button when your form is complete.
8. Review your registration summary.
9. Click the green **Submit** button. After selecting "Submit", the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

At any time, you may log in at [www.familyid.com](http://www.familyid.com) to update your information and to check your registration(s). To view a completed registration, select the "Registration" tab on the blue bar.

### **DIRECTIONS FOR RETURNING FAMILIES:**

You may use the information you submitted in previous seasons to save time with future registrations. Please use the following steps.

1. Click on the Current Season registration form on your school's FamilyID Landing page.
2. Login using the e-mail address and password you created last season.
3. Choose the sport.
4. Click on "Add Participant Below or Click to Select" and pick your child's name.
5. Update health and demographic information, if necessary.
6. Sign-off on seasonal agreements.
7. Save and Submit.

**SUPPORT:** If you need assistance with registration, contact FamilyID at: [support@familyid.com](mailto:support@familyid.com) or call 888-800-5583  
x1. Support is available 7 days per week and messages will be returned promptly.

*Dr. Jay Vanderest  
Dr. Lois Meek  
106 S. Main St.  
Almont, MI 48003  
(810)798-3941*

## **Custom Mouthguard Information 2020**

The risk of serious injury to the mouth is inherent in all contact sports. Therefore, it is important for you, or your child to wear a mouthguard while participating in contact or collision sports. Coaches and trainers generally urge all participants in contact sports to wear a mouthguard when playing or practicing to reduce the degree of injury from traumatic blows to the head and/or mouth.

The wearing of a mouthguard of any kind cannot prevent all mouth injuries from occurring. **A properly fitted, custom fabricated mouthguard** can help prevent most mouth injuries as well as decrease the incidence of **concussion**.

**Dr. J. Vanderest and staff will be available Friday, July 24<sup>th</sup> starting at 9:00<sub>am</sub>** to take impressions of the athlete's teeth so a mold can be made to fabricate the custom mouthguard. There will be a sign-up sheet available for the student athlete's who are interested. **If you are unavailable on July 24<sup>th</sup> please contact our office by July 10<sup>th</sup> to make an appointment and guarantee delivery and current fees.**

**IF YOU CURRENTLY WEAR BRACES PLEASE CONTACT YOUR ORTHODONTIST FOR A PROPERLY FITTED MOUTHGUARD.**

Custom mouthguard: Fee \$30.00 (To be paid at time of impression)  
Available in orange and black

The mouthguards are provided by Gary Zehnder from Brooklands Dental Lab.

If you have any questions and/or concerns, Dr. Vanderest may be reached at 810-798-3941.

# ALMONT FOOTBALL

1977, 1996, 1998, 2006, 2007, 2008, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018 & 2019 MHSAA Playoff Qualifiers

2006, 2007, 2008, 2010, 2014, 2018 & 2019 Blue Water Area Conference (BWAC) Champions

2008, 2011, 2014 & 2019 MHSAA Division 5 District Champions

2011, 2014 & 2019 MHSAA Division 5 Regional Champions

2011, 2014 & 2019 MHSAA Division 5 State Semifinals Champions

2019 MHSAA Division 5 State Championship Finalist

Deadline for  
pre-registration  
and t-shirts  
**July 17**

## ALMONT YOUTH TACKLE & MIDDLE SCHOOL TECHNIQUE CAMP

\* July 27 - July 30 - 6:00-8:00 PM \*

Campers will learn the base Wing-T offense and 4-4 defense ran in the Almont Football program.

**Investment: \$35**

**Camp Mission** – The goal of the Almont Football Camps is to teach the game of football through stressing the fundamentals with enthusiasm and repetition.

**Camp Location** – Almont High School – Football Complex – 4701 Howland Rd., Almont, MI 48003

**Camp Staff** – Coach Leusby, Almont Football Coaching Staff & Almont Football Players

**Camp Information**– Each camper will receive a t-shirt at the end of camp. Each camper should wear cleats, shorts and a t-shirt and bring a water bottle each day.

**Camp Registration**– **Deadline for pre-registration and t-shirts is July 17.** Please continue to register up to and including day of your desired camp. If t-shirts are still available, you will be given one. Please contact Coach Leusby 586-405-2715 if the investment is difficult at this time. We will be able to work something out. This shouldn't be the reason for your son not attending camp.

### MAKE CHECKS PAYABLE TO: ALMONT FOOTBALL

Return or mail this form with payment and waivers to: Coach James Leusby, 14762 Rice Dr., Sterling Heights, MI 48313

PLAYER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE('20-'21) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NUMBER (\_\_\_\_) \_\_\_\_\_ PARENTS NAME(S) \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

T-Shirt size: Youth- YS YM YL Adult- SM M L XL 2XL

**We do not hold Almont Community Schools or camp staff responsible for any injuries that may occur at Almont Football Youth Camps. If there is an emergency, please contact the number below.**

PARENT SIGNATURE \_\_\_\_\_ EMERGENCY NUMBER (\_\_\_\_) \_\_\_\_\_

**FOUR PROGRAMS  ONE FAMILY**

# ALMONT FOOTBALL

## 2020 MIDDLE SCHOOL FUNDRAISER

**T-SHIRT and a CAR DECAL**

**\$20**



NAME \_\_\_\_\_

WHITE	S	M	L	XL	2XL	3XL	4XL
T-shirt							
GRAY	S	M	L	XL	2XL	3XL	4XL
T-shirt							
BLACK	S	M	L	XL	2XL	3XL	4XL
T-shirt							

Return forms to Coach Davedowski by **AUGUST 21<sup>st</sup>**  
 CASH OR CHECK—MAKE CHECKS PAYABLE TO: **ALMONT FOOTBALL**

**TOTAL**

\$

# ALMONT FOOTBALL

Exact styles may vary slightly

**\$15**



DEADLINE TO ORDER: JULY 17  
MAKE CHECKS PAYABLE TO: ALMONT FOOTBALL

NAME \_\_\_\_\_

## SOCKS

QUANTITY \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

CIRCLE SIZE: ADULT SIZE 8-12

XL-ADULT SIZE 13-14

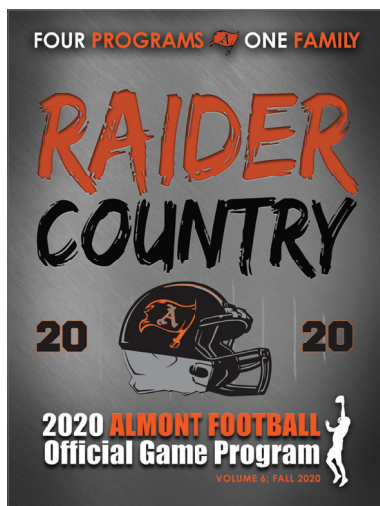
FOUR PROGRAMS  ONE FAMILY

# ALMONT FOOTBALL

## 2020 ALMONT FOOTBALL OFFICIAL GAME PROGRAM

### PERSONAL AD

Thank you for supporting your football player, cheerleader, dancer or band member in the Annual Raider Country Game Program.



Your Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Ad text \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ad Size \_\_\_\_\_

Deadline for  
ad placement is  
**August 17**

### CONTACT INFORMATION

Andrea Kruse  
(810) 614-8035  
kruse.andrea@icloud.com

Email artwork to [kruse.andrea@icloud.com](mailto:kruse.andrea@icloud.com)  
If needed, artwork can be designed for you.  
**Make checks payable to "Almont Football"**

### AD SPECS

**1/8 page ad – \$10**  
**1/4 page ad – \$25**  
**1/2 page ad – \$50**

**1/8 page ad – 3.675 x 2.375**  
**1/4 page ad – 3.675 x 4.875**  
**1/2 page ad – 7.5 x 5**

1/8 page ad	1/4 page ad
1/8 page ad	
1/2 page ad	

### CIRCLE ONE

**Football - V JV MS Y**

**Cheer - V JV MS Y**

**Dance**

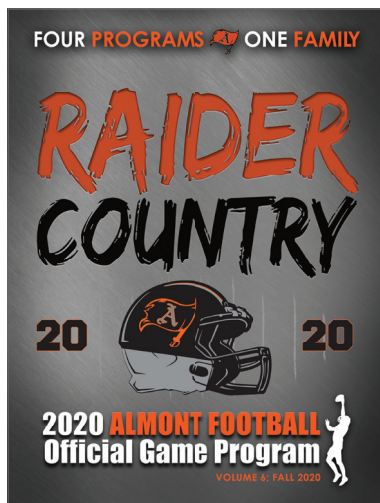
**Band**

# ALMONT FOOTBALL

## 2020 ALMONT FOOTBALL OFFICIAL GAME PROGRAM

### BUSINESS AD

Thank you for supporting the Annual Raider Country Game Program.



Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Ad Details \_\_\_\_\_

Ad Size \_\_\_\_\_

Deadline for  
ad placement is  
**August 17**

## CONTACT INFORMATION

Andrea Kruse

(810) 614-8035

[kruse.andrea@icloud.com](mailto:kruse.andrea@icloud.com)

Email artwork to [kruse.andrea@icloud.com](mailto:kruse.andrea@icloud.com)

If needed, artwork can be designed for you.

**Make checks payable to "Almont Football"**

## AD SPECS

**1/8 page ad – \$25**

**1/4 page ad – \$50**

**1/2 page ad – \$75**

**Full page ad – \$175**

**Call for availability on Cover ads**

**Inside Front Cover ad – \$275**

**Inside Back Cover ad – \$275**

**Back Cover ad – \$325**

<b>Full page ad</b>	<b>1/8 page ad</b>	<b>1/4 page ad</b>
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