

NORTHWEST

2026 WRESTLING CAMP

JUNE 2ND

9:00 – 4:00

\$50

JUNE 3RD

9:00 – 4:00

\$50

JUNE 4TH

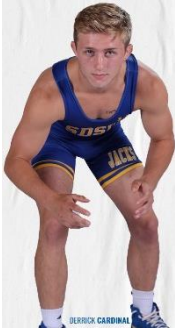
9:00 – 12:00

\$25

• GRADES 4-12 • ALL SKILL LEVELS •

CAMP CLINICIANS

DERRICK CARDINAL



- **FOREST LAKE HIGH SCHOOL (MN)**
 - Four - time Class AAA MN State Champ
 - Minnesota's Mr. Wrestling in 2021
 - Dave Schultz Excellence Award in 2021
 - Career record of 240 - 30
- **SOUTH DAKOTA STATE UNIVERSITY**
 - 133 - pound starter for SDSU
 - 2024 & 2025 NCAA Qualifier

CAEL SWENSEN

- **WAYZATA HIGH SCHOOL (MN)**
 - Two - time Class AAA MN State Champ
 - Career record of 223 - 37
- **SOUTH DAKOTA STATE UNIVERSITY**
 - 157 - pound starter for SDSU
 - 3rd & 5th place at Big 12's
 - R12 in 2023 at NCAA Tournament
 - R16 in 2024 at NCAA Tournament
 - NWCA Scholar All-American
 - 2026 NCAA Qualifier



**1301 ROOSEVELT AVE
DETROIT LAKES, MN
56501**

THE CAMP WILL BE HELD IN THE
WRESTLING BUILDING BEHIND
THE HIGH SCHOOL



FOR MORE INFORMATION CONTACT:

Brent Eidschink: eiden030@gmail.com or 218.234.5986

Stefanie Eidschink: sleidschink@gmail.com or 218.234.5672

Northwest Wrestling Camp

Registration Form & Liability Waiver

As a participant in the Northwest Wrestling Camp, I recognize and acknowledge that there are inherent risks of physical injury which could occur from participation in said program. I fully understand the nature and extent of these risks. For, and in consideration of permission to participate in this program, I agree to assume full risk of any injury which may be sustained as a result of participation in this program and any activities in connection with the program. I hereby agree to waive and relinquish all claims, which I have, or may have against the Northwest Wrestling Camp, its officers, agents, servants, and employees as a result of participation in this program. I have read this form in its entirety and I fully understand the nature and purpose of this document.

There will be a 1-hour lunch break on Tuesday & Wednesday from 12:00 - 1:00 with a meal provided, but feel free to bring your own meal.

Please bring with each day; tennis shoes, wrestling shoes, and a water bottle.

Participant Name: _____ **DOB:** _____

Grade: _____ **Weight:** _____ **Shirt Size:** YS YM YL AS AM AL AXL AXXL
2026 - 2027

Parent / Guardian Name: _____

Parent / Guardian Phone Number: _____

Parent / Guardian Signature: _____

Please circle what days your wrestler will be participating:

JUNE 2ND
\$50

JUNE 3RD
\$50

JUNE 4TH
\$25

Please send the completed form to Stefanie Eidenschink by May 25th to guarantee a camp shirt.

Email: sleidenschink@gmail.com

Phone: 218.234.5672

(Payment, cash or check (made out to DLYWO), can be turned in on the first day of camp)