



# Personalized Coaches Clinic Registration

Name \_\_\_\_\_

Title (Head Coach, Director, Etc.) \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Please Check Organization Type:

- Youth
- All Star
- High School
- College

### Please Check Team Type:

- Cheerleading
- Dance

Please complete the following information in order to ensure registration of your clinic:

**EXAMPLE:** Date August 7-8<sup>th</sup> Time of Day 10:00am-4:00pm

**1<sup>st</sup> Choice Date(s)** \_\_\_\_\_ **Time of Day** \_\_\_\_\_

**2<sup>nd</sup> Choice Date(s)** \_\_\_\_\_ **Time of Day** \_\_\_\_\_

**3<sup>rd</sup> Choice Date(s)** \_\_\_\_\_ **Time of Day** \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list 3 topics or areas you would like presented at the clinic (i.e. stunts, safety, team cohesion, etc.)

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### Payment Information

# of participants: \_\_\_\_\_ X \$ per participant: \_\_\_\_\_ = Total Amount Enclosed: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Money Order #: \_\_\_\_\_

Credit Card Info:  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_