

Camp/Clinic/Lesson Registration Form



Date: _____ (Please Print)

Players Name: _____

Parent or Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Shirt Size: _____

School or Pro Team: _____ Grade: _____

Summer Team: _____ Position Currently Play: _____

League Participating in: _____

Shoots: Right Left Both (circle one)

Camp or Clinic Name: _____

Individual or Group Training Program: _____

Notes: _____

You'll never LOVE the game... until you get THE SHOT!™