WINTER ATHLETE CLINIC REGISTRATION

CLUB NAME _____

Coach attending _____

Total # of athletes attending_____ **@ $85** **TOTAL ENCLOSED $**_____

ATHLETE NAME	ATHLETE NUMBER	DATE OF BIRTH	T-SHIRT SIZE

Send email registrations to Kelly Gaston at karaokekelly704@comcast.net

MAKE CHECKS PAYABLE TO NJ NAWGJ

Mail hard copies with one club check to: Leslie McPeek, 15 Glen Cove Rd., Andover, NJ 07821