

## WINTER ATHLETE CLINIC REGISTRATION

CLUB NAME \_\_\_\_\_

Coach attending \_\_\_\_\_

<b>Total # of athletes attending_____ @ \$85</b>	<b>TOTAL ENCLOSED \$_____</b>
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[illegible]

**Send email registrations to Kelly Gaston at [karaokelkelly704@comcast.net](mailto:karaokelkelly704@comcast.net)**

**MAKE CHECKS PAYABLE TO NJ NAWGJ**

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