WINTER ATHLETE CLINIC REGISTRATION

CLUB NAME _____

Coach attending _____

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

ATHLETE NAME	ATHLETE NUMBER	DATE OF BIRTH

Send completed form to both karaokekelly704@comcast.net and mcpeekrl@gmail.com

MAKE CHECKS PAYABLE TO NJ NAWGJ

Mail payment to: Leslie McPeek, 15 Glen Cove Rd., Andover, NJ 07821