

# 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 [karaokekelly704@comcast.net](mailto:karaokekelly704@comcast.net)

MAKE CHECKS PAYABLE TO NAWGJ NJ

Mail hard copy & payment to: Kelly Gaston at 728 Maple Ave., Brick, NJ 08724