



## New Coach's Registration Form

### Instructions:

- X Complete this form and email it to Mpa2896@yahoo.com.**
- X Once your registration form is received, you will receive a confirmation email from the Instructor to the email you provided below.**
- X Payment is non-refundable, so please show up for the scheduled class.**
- X Payment must be received prior to start of class, no exceptions.**
- X Fee for clinic - \$40.00 dollars per student.**

Today's Date: \_\_\_\_\_ **Clinic Date: August 22, 2018** Clinic Time: **6pm – 10 pm**

Location of clinic: **"CARLOCK FIELD" Thiem Ave. & Berdan Street.** City: **ROCHELLE PARK**

Sponsoring Agency: **ROCHELLE PARK RECREATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Check Number #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**ALL REGISTRATION FORMS MUST BE RECEIVED PRIOR TO AUGUST 22, 2018.**

**Each student will be responsible for payment if they register for this course. BOOKS MUST BE ORDERED PRIOR TO CLASS FOR EVERY STUDENT.**

**Payment is due the night of the class!**