



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!