



YOUTH FOOTBALL CLINIC REGISTRATION

9:30 AM Sunday, May 2, 2010. Columbine HS, 6201 S Pierce St, Littleton, Colorado 80123

Tuition: \$25 Per Coach (Lunch is Included!)

COACH INFORMATION:

Name _____

League/Team Name _____

Grade You Will Coach in 2010 _____ Position You Will Coach in 2010 _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PAYMENT INFORMATION:

I am enclosing a check for \$25 (Check payable to "Joel Klatt Football School, LLC")

I will pay \$25 upon arrival at clinic.

PLEASE MAIL OR FAX THIS FORM TO:

Joel Klatt Football School LLC, PO Box 270397, Louisville, CO 80027

FAX: 303-482-2764