



## REGISTRATION

**July 30 – August 1, 2010. Long Lake Ranch, Arvada, Colorado**  
**Tuition \$125 (After July 23, 2010 Tuition \$135)**

### PLAYER INFORMATION:

Player's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Male/Female \_\_\_\_\_

School Name \_\_\_\_\_ League/Team Name \_\_\_\_\_

Grade August 2010 \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Preferred Position \_\_\_\_\_

Number of Years Playing Organized Football (Flag or Contact) \_\_\_\_\_

T-Shirt Size(Circle One)      YS(6-8) YM(10-12) YL(14-16) YXL(18-20) AS(36) AM(38-40)  
AL(42-44) AXL(46-48) AXXL(42-44) AXXXL(46)

Shorts Size (Circle One)      YS(6-8) YM(10-12) YL(14-16) YXL(18-20) AS(29) AM(30-32)  
AL(34-36) AXL(38-40) AXXL(42-44) AXXXL(46)

Shoe Size (Circle One) 1 2 3 4 5 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5  
12 12.5 13 13.5 14 15 16

Will you be purchasing a helmet for this season?      Yes                      No

Will you be purchasing shoulder pads this season?      Yes                      No

Will you be purchasing cleats this season?              Yes                      No

**PARENT INFORMATION:**

Parent Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Relation to Player \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT INFORMATION:**

\_\_\_\_\_ **I am enclosing a check for \$125 (Check payable to "Joel Klatt Football School, LLC")**

\_\_\_\_\_ **Please bill my credit card for \$125 Circle one: Visa MasterCard Discover**

**Card #:** \_\_\_\_\_ **Name on Card:** \_\_\_\_\_

**Expiration Date (Month/Year)** \_\_\_\_\_

**PLEASE MAIL OR FAX THIS FORM WITH PAYMENT TO:  
Joel Klatt Football School LLC, PO Box 270397, Louisville, CO 80027  
FAX: 303-482-2764**