

## **Sports Performance Registration Form** (Please print clearly and all information is confidential)

ATHLETE INFORMATION		
Name	_	<u>M</u> <u>F</u> (Circle Gender)
City	StateZip	
Phone (H) (		
E-Mail Address		
School		
Sports PlayedClub Sports		<del></del>
Adult T-Shirt Size		<del></del>
PARENT/GUARDIAN INFORMATION		
Phone (H) ()	State Zip	
AddressCity	C4 4 77'	
Phone (H) ()		<del>-</del>
E-Mail Address		
TRAINING CAMP INFORMATION		
Please indicate the camp for which you are registering (based on website information):  Date(s): Location:  Days: & Time(s):		

P.O. Box 1998 Ridgeland, MS 39158 paullacoste.com (601)398-0950