

2012 HUSKY FOOTBALL COACHES CLINIC REGISTRATION FORM

FRIDAY, APRIL 13TH & SATURDAY APRIL 14TH

REGISTRATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School or Organization: _____

Home Phone# _____ Work#: _____ Cell#: _____

E-Mail Address (VERY IMPORTANT): _____

*All confirmations and correspondence will be sent via e-mail

Circle One: **Full Clinic** (Friday & Saturday - \$90) **One-Day Clinic** (Friday - \$50) **One-Day Clinic** (Saturday - \$50)

Walk-Up Registrants (Add an additional \$10) **Refund Policy** April 1st - April 12th: 50% April 13th -14th: NO REFUND

Additional Staff Members or Registrants

(\$5 discount per coach when four or more coaches register at the same time for full clinic)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

METHODS OF PAYMENT

1. CASH
2. CHECK or MONEY ORDER (Make payable to Husky Football Coaches Clinic)
3. CREDIT CARD
4. SCHOOL PURCHASE ORDER

Full Name (as it appears on card): _____

Billing Address of Card Holder: _____

City _____ State: _____ Zip Code: _____

Card Type (Visa or Mastercard ONLY): _____

Card Number: _____

CVV2# _____ (3-digit number located on the back of your card in the signature box.)

Expiration Date: (MM/YYYY) _____

Payments should be mailed to:

Husky Football Coaches Clinic

Graves Annex, Box 354080 Seattle, WA 98195-4080

Attn: Sandy Erickson

Phone: (206) 543-2223

Fax: (206) 685-1835

E-Mail: fbclinic@uw.edu

