

Sports Performance Clinic Registration Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Are you affiliated with a club? Y or N If so, which one? _____

How did you hear about the Athlete Clinic? _____

Fees:

Pre-registration fee = \$99 (must be post-marked by January 10, 2008)

On-site registration fee = \$120

This is a non-refundable fee. Space is limited.

Please make checks payable to Quest Sports Science Center. Mail registration form and fee to: Quest Sports Science Center, 436 Chinguapin Round Rd., Annapolis, MD 21401

Signature of participant: _____

Date: _____