

Triple Threat Softball Clinic

Hosted by Today's FACES Academy and Collins Hill Athletic Association

REGISTRATION FORM

Athlete: _____ Age: _____

Position(s): _____ Years of Exp: _____

Team or League Name: _____ Graduation Year: _____

Name of School Attending: _____

Favorite School Subject: _____

T-Shirt Size: Youth LG Youth XLG Adult SM Adult MED Adult LG Adult XLG

Enclosed Payment (Please Check One): _____ \$175.00 Clinic Fee _____ \$75.00 Clinic Deposit

***If making a deposit, the remaining balance is DUE by 7/19/2010 in order to guarantee your spot.**

Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (Neatly!): _____

Emergency Contact: _____ Phone: _____

****Clinic Liability/Waiver Form will need to be completed at check-in.***

Make Checks Payable to: TODAY'S FACES ACADEMY

Mail Checks to:

TODAY'S FACES ACADEMY

1000 Peachtree Industrial Blvd, Suite 6-PMB#452

Suwanee, GA 30024

Mail-in Registration and clinic fee must be received by 7/19/2010.

Online registration: www.todaysfacesacademy.com