

NATIONAL WING-T CLINIC

REGISTRATION FORM (FEB 2ND & 3RD) 2024

www.nationalwingtclinic.com

School Name: _____ Contact Name: _____
 School Address: _____
 Street: _____
 City: _____
 State: _____
 Zip Code: _____
 Telephone No: _____
 Fax Number: _____
 Email Address: _____

PAYMENT INFORMATION:

Pre-Registration Cost per coach: \$95.00
 Onsite Registration per coach: \$105.00
 Check Enclosed. Make checks payable to: **Tom Herman** (National Wing-T Clinic)
 Purchase Order, PO # _____
 Money order or Bank Check

TOTAL AMOUNT ENCLOSED = _____

Name(s) of coaches you are purchasing a Registration for (#1 being Primary Contact):

	<u>First Name</u>	<u>Last Name</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

I confirm that all the coaches listed above coach at the named school or affiliate junior high School. Each coach must present a photo ID when they officially register.

Tom Herman
 Football Office
 Mercyhurst College
 501 East 38th St.
 Erie, PA. 16546-0001