

# SBC CLINIC REGISTRATION

Sponsored by Winning Edge

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Please type or print name and check the corresponding box:

	<b>Coaches</b>	<b>Pre-Registration \$40</b>	<b>Winning Edge Clients \$35</b>	<b>One Day Pass \$25</b>
1				
2				
3				
4				
5				
6				
7				

**TOTAL** \$ \_\_\_\_\_

Please make checks payable to:

## **SBC FOOTBALL CLINIC**

Please complete this form with payment and return to:

SBC Clinic  
1842 Columbia Rd  
Westlake, OH 44145

Any Questions Please Call/Email: Vern Long 440-892-3430

Email: coachvl@msn.com