



\$70 *Pre-Registration*

Registration Form

\$80 *At the Door*

Name:	Name:	
Name:	Name:	
Name:	Name:	
School:	City:	
Address:	State:	Zip:
Email:	Phone:	

Enclosed is \$ _____ covering _____ coaches @ \$70.00 per coach.

To pay with CHECK:

1. Complete and print this form
2. Send it along with your payment via mail to **Alamo City Coaches Clinic, 30801 Beck Road, Bulverde, TX 78163.**

To pay with CREDIT CARD: (\$2.00 service fee per registration)

1. Complete this form. **SCREENSHOT or "SAVE" THE Document to desktop**
2. Email scan it to alamocitycoachesclinic@live.com
3. Or Fax it to (830-438-5360)
4. Then click on the PayPal button below to complete your transaction.

Buy Now



Mail to: Alamo City Coaches Clinic 30801 Beck Road Bulverde, TX. 78163
Email: alamocitycoachesclinic@live.com Phone: 830.708.9132 Fax: 830.438.5360