

## Athletics Northwest Distance Clinic 2005

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### Registration Form

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

School / Club \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Clinic Registration Fee (Make All Checks Payable to: Athletics Northwest):

\*\$100.00 Registration fee if received by the priority date of December 15, 2004.

\*\$120.00 Registration fee if received after the priority date of December 15, 2004.

Amount Included \_\_\_\_\_

Make Checks Payable and Mail to:

Athletics Northwest

9406 North Tyler Avenue

Portland, OR 97203

Phone #: 503-819-1596

E-mail: coachmhickey@yahoo.com