

**Clinic Date Saturday April 5th**

**Please return this portion w/payment**

**School** \_\_\_\_\_

**Coach** \_\_\_\_\_

**Coach** \_\_\_\_\_

**Coach** \_\_\_\_\_

**Coach** \_\_\_\_\_

**Coach** \_\_\_\_\_

**Cost**

**\$40.00 per coach**

**\$35.00 per coach (for staffs of 3 or more if registering together.)**

**Total amount enclosed \$** \_\_\_\_\_

**Please make checks payable to Meade HS**

**Please return registration or confirm by email or phone by April 2nd.**

Scott Moshier  
Meade HS  
PO Box 400  
Meade KS 67864  
School: 620-873-2981  
Home 620-873-2021  
Cell 316-573-6619  
E-mail: moshiers@usd226.org

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