

# Learn By Doing

## Clinic Registration Form

\_\_\_\_\_  
Full Name and Age

\_\_\_\_\_  
Full Name and Age

\_\_\_\_\_  
Full Name and Age

Total Individuals: \_\_\_\_\_

Total Cost: \_\_\_\_\_

### Contact Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone

#### Method of Payment

Check

Cash

#### Individual Cost Details

Athlete \$ 20

Coach / Parent \$15

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**Ferris State University**

### Track and Field Office

**210 Sports Drive  
Big Rapids MI, 49307**

**Phone: 231.591.5255  
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