



Enhanced Training Champions 2010 Summer Clinic Application

Name _____
Birth Date (Month/ Day/ Year) _____
Address _____
City/ State/ Zip _____
Parent or Guardian _____
Day Phone (Area Code) _____
Evening Phone (Area Code) _____
Cell Phone (Area Code) _____
Email _____

Emergency Contact _____
Relationship _____
Phone (Day) _____ (Evening) _____

Date of last physical examination __/__/__

Results of last physical examination

___ Excellent ___ Good

___ Fair ___ Poor

CHECK YOUR CHOICE

- Session 1- Saturday July 31, 2010

Check in begins at 8:30am

Price \$50 per camper

Please make all checks payable to Enhanced Training Champions. Full payment is due upon registration.

Return to: Enhanced Training Champions

Email: tobe@etchampions.com

Mail to: Rasheedah Stephens

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Washington, DC 20036