



**Level 1 Instructional Clinic
Group Registration and Payment Form**

Fall 2009 Clinic 10% Group Discount Promotion
For every 10 coaches you sign up using this form, your program
receives a 10% discount (\$65.00 value)

If you have more than 10 coaches, please fill out additional forms. One check may be submitted for all.
 This form must be submitted AT LEAST two weeks prior to clinic date to ensure timely processing.

Orderer's Name: _____
 Contact Phone: _____ Contact e-mail: _____
 League/Group: _____
 Clinic Site: _____ Clinic date: _____

Please type or print clearly

Note: ALL information must be complete for each individual registrant in order for registration to be processed.
 Registrants must be members through date of clinic or we will not be able to sign them up for this event.

	First Name (no nicknames please)	Last Name	USL Member # (MANDATORY)	Membership Expiration Date*	Which clinic? Boys/Girls	PRICE GROUP A: (\$65)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
					Total A:	

Amount due: (Total Column A minus 10% if have 10 coaches) \$ _____

10 Coaches @ \$65.00 = \$650.00	\$650.00 minus 10% discount = \$585 for 10 coaches.
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Payment method

Type of payment enclosed (circle one): Check Visa / MC / AmEx

Credit card number - - -

Exp. date: / (mm/yy)

Name on card:	E-mail of cardholder:
Billing Address (if different from shipping address):	
Street:	Apt.
City:	State: Zip:

10% offer valid for clinics between September 2009 and December 2009 only