

**Lone Star Coaching Clinic**  
**February 12-14, 2010**  
**College Station, TX**

**CLINIC REGISTRATION**

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

School: \_\_\_\_\_ Contact e-mail \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Enclosed is my Check (@ \$65 per coach) for \$ \_\_\_\_\_ covering \_\_\_\_\_ Coaches. *Lone Star 2009 (Web)*

**Make Check payable to: Lone Star Coaching Clinic**

**Mail registration form and check to:**

Lone Star Coaching Clinic  
602 Georgetowne Ct.  
Wexford, PA 15090