



5th ANNUAL USC / NIKE COACH OF THE YEAR CLINIC



Registration

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School or Organization: _____

Home Phone#: (_____) _____ Work#: (_____) _____ Cell#: (_____) _____

E-Mail Address (VERY IMPORTANT!): _____

Circle One: **Full Clinic** (Friday & Saturday - \$140) **One-Day Clinic** (Friday - \$100) **One-Day Clinic** (Saturday - \$100)

Additional Staff Members or Registrants

1. _____
2. _____
3. _____
4. _____
5. _____

Methods of Payment

1. CASH
2. Check or Money Order (Make payable to **Trojan Football Camps & Clinics**)
3. CREDIT CARD (**Visa** or **MasterCard ONLY!**)

Full Name (as it appears on card): _____

Card Type: _____

Card Number: _____

CVV2# ___ ___ ___ (3 Digit Number on located on the back of the card in the signature box)

Expiration Date: _____

*50% Refund Before March 21, 2008; NO REFUND After that Date

Payments should be mailed to:

Trojan Football Camps & Clinics

3501 Watt Way, Heritage Hall, Rm# 203B, Los Angeles, CA 90089

Attn: Dennis Slutak

Fax: (213) 821-2472