

REGISTRATION FORM

Defensive high performance clinic
Alexander high school junior high gymnasium
Feb 14th and 21st from 5:00 PM to 7:15 PM
Cost \$65

Name: _____

Grade: _____

Position: _____

Contact Phone: _____

Contact email: _____

Please mail registration form and fee to :

ALETA Aces VBC
8270 Williams rd
Athens, Oh 45701

Confirmation of your registration will be sent to you at the email listed on your registration form above.

Thank you

Brad Jeffers