



CLINIC REGISTRATION

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

TOTAL CLINIC FEE ENCLOSED: \$ _____

COACHES WHO WILL ATTEND - E-MAIL ADDRESS (FOR EACH COACH **REQUIRED**)

Make Check Payable to:
Dan Gable Asics Wrestling Clinic
*Clinic Tuition: \$105
(Registration at the door: \$115)
**Fee includes Friday dinner and coaches social at the museum*

Return to: Dan Gable Asics Wrestling Clinic
2730 Graham St.
Ames, IA 50010

Note: Online Registration ends Wednesday, April 16, 2008.
You may also register at the door for \$115 on Friday, April 18, 2008.

Clinic Registration Refund Policy: All refunds are subject to a \$25 processing fee.
No refunds after April 11, 2008.