

2017-2018 Junior Score and/or R2 Clinic Request

Please submit this completed form to request a clinic at your facility

Name

Club Name

Contact Cell Number

Contact Email

Day/Date/Time of Score Clinic-1st Choice:

Day/Date/Time of Score Clinic-2nd Choice:

Day/Date/Time of R2 Clinic-1st Choice:

Day/Date/Time of R2 Clinic-2nd Choice:

Facility Street Address/City/Room Number or Name

Open to Non-Club Members?

Score-

R2-

Projector Provided by Club?
