

THEKICKISUP

REGISTRATION FORM



Form may be e-mailed or returned by mail address below-

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Age: _____

E-Mail: _____

School: _____

Emergency Contact during Clinic time:

Name: _____

Address: _____

Phone #: _____

Payment: Cash: _____ Check: _____ Circle size of T-Shirt Size (S-M-L- XL- XXL)

(Please make checks out to Christian Vitale)

Send payment to:

Coach Christian Vitale

2124 South Torrey Pines Circle

Tucson, AZ 85710

All payment must be received the week before program starts