## Dabo Swinney *Ladies Football Clinic*



Saturday, July 18, 2015

## Register Early! \$75 Registration Fee

(Make check or money order to Dabo Swinney Ladies Clinic)

Mail to: Dabo Swinney Ladies Clinic P.O. Box 1585 Clemson, SC 29633 Fax to: 864-656-7274

Name:					_
Address:					_
City:					
Telephone Number: (Area Code)	(Number)				
T-Shirt Size (Circle)	S	M	L	XL	XXL
I WANT TO BE IN THE GROUP W	TTH				
Name:					_
Address:					_
City:	State _		Zip _		
Telephone Number: (Area Code)	(Number)				
T-Shirt Size (Circle) I WANT TO BE IN THE GROUP W					
Name:					_
Address:					_
City:	State _		Zip _	· · · · · · · · · · · · · · · · · · ·	
Telephone Number: (Area Code)	(Number)				
T-Shirt Size (Circle)	S	M	L	XL	XXL

## Address: City:\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number: (Area Code)\_\_\_\_\_ (Number)\_\_\_\_ S M T-Shirt Size (Circle) L XL XXL I WANT TO BE IN THE GROUP WITH\_\_\_\_\_ Name: Address: City:\_\_\_\_\_\_State \_\_\_\_\_Zip \_\_\_\_\_ Telephone Number: (Area Code)\_\_\_\_\_ (Number)\_\_\_\_ S M L XL XXL T-Shirt Size (Circle) I WANT TO BE IN THE GROUP WITH\_\_\_\_\_ Name: \_\_\_\_ City:\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number: (Area Code)\_\_\_\_\_ (Number)\_\_\_\_ T-Shirt Size (Circle) S M L XL XXL I WANT TO BE IN THE GROUP WITH\_\_\_\_

I WANT TO BE IN THE GROUP WITH\_\_\_\_\_