

Colin Cole Competitive Edge Football Clinic College Coaches Registration Form

Please type or print in ink only. Registration must be completed and mailed by **JUNE 1, 2007**. This form may be copied for additional registration forms.

Last Name First Name

Preferred Mailing Address

City State Zip Code

Email Address Contact Phone Number

College/University Coaching Position

Please select the position(s) you would like to coach at C.C.C.E.F.C.

OFFENSE (Check one)

- Quarterback
- Running Back
- Receiver
- Tight End
- Lineman

DEFENSE (Check one)

- Linebacker
- Lineman
- Corner Back
- Safety

Would you be willing to facilitate a 30 minute-breakout session with other coaches in your position? If you select "yes", please indicate any potential topics of discussion.

- Yes _____
- No _____

Please indicate your availability.

- Friday, June 22
- Saturday, June 23
- Both days

Please select your T-shirt Size

- L
- XL
- XXL
- XXXL

Make Checks or Money Orders Payable To: **The Cole Group**
Registration forms may be faxed to 920-661-0945

For Further Information Write, Call, or Email

**The Cole Group, LLC
P.O. Box 13123
Green Bay, WI 54307
920-737-2786
920-661-0945 – Fax
footballcamp@thecolegrp.com**