

Colin Cole Competitive Edge Football Clinic High School 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

High School Affiliation 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

SPECIALIST

- Kicker/Punter

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
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Green Bay, WI 54307
920-737-2786
920-661-0945 – Fax
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