

Colin Cole Competitive Edge Football Clinic Student-Athlete Registration Form

Please type or print in ink only. Registration must be completed and mailed by **JUNE 15, 2007**. This form may be copied for additional registration forms.

Last Name

First Name

Preferred Mailing Address

City

State

Zip Code

Email Address

High School

Parent/Guardian's Name

Contact Phone Number

Please check one position for both offense and defense (if applicable).

OFFENSE (Check one)

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

DEFENSE (Check one)

- Linebacker
- Lineman
- Corner Back
- Safety

SPECIALIST

- Kicker/Punter

Individual Profile

Height

Weight

Age

Grade (you are entering – Fall 2007)

High School

Registration (Includes \$30.00 registration fee)

- Football Clinic (Only) \$125.00
- Football Clinic and 1 Parent Session \$125.00 \$35.00
- Football Clinic and 2 Parent Sessions \$125.00 \$70.00

\$_____ Total Amount

Please select your T-shirt Size (Adult Sizes)

- 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