JUNIOR CLINIC VERIFICATION FORM

DATE: _____ **SITE:** _____

HEAD CLINICIAN: _____

TEAM NAME & AGE DIVISION:								
ONE COACH MUST ATTEND THE SCORE CLINIC PER TEAM, NO EXCEPTIONS								
14 AND UNDER TEAMS - A REGISTERED ADULT MUST ATTEND THE R2/LJ CLINIC								
	CLINIC ATTENDED			**TEAM ROLE**				
Full Name (No nicknames please)	**Score Clinic**	**R2/LJ Clinic**	**Did Not Attend**	**Head Coach**	**Assistant Coach**	**Player**	**Chaperone**	**Other Adult**
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