



## Clinic Registration

\_\_\_\_\_ Sunday January 23rd

\_\_\_\_\_ Saturday January 29th

\_\_\_\_\_ Sunday January 30th

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please send registration form and payment to.

John Wright

12450 St. Paul Road

Clear Spring, MD 21722

Make check payable to John Wright in the amount of \$20.00