

# ***2018 GOPHER GOLF COACHES' CLINIC REGISTRATION FORM***

FULL NAME (all coaches in attendance) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL NAME/  
AFFILIATION \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

BOYS/GIRLS GOLF \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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Payment Information:

Number of Coaches Attending \_\_\_\_ @ \*\$95/coach

Total- \_\_\_\_\_

Make checks payable to "Excellence in Golf, LLC" or Cash is accepted. *Credit card transactions will not be accepted.* Receipt for payment included in email for registration along with W-9 for your school records. Payment in the form of check and cash should be mailed to:

Bierman Building  
516 15<sup>th</sup> Avenue SE  
Suite 240F  
Minneapolis, MN 55455

Attention: John Carlson, Director of Gopher Men's Golf

\*Registration at the door or not received by 3/20/17 will be charged an additional \$30. Please note that same day registration is accepted. Feel free to call Coach Carlson at 612-321-1307 with any questions.