



DIGGER FOOTBALL COACHES CLINIC



REGISTRATION FORM

\$50 INDIVIDUAL

\$250 STAFF OF 5 OR MORE

NAME: _____	School: _____
NAME: _____	School: _____
NAME: _____	School: _____
NAME: _____	School: _____
NAME: _____	School: _____
NAME: _____	School: _____
NAME: _____	School: _____
NAME: _____	School: _____
NAME: _____	School: _____
NAME: _____	School: _____

CHECKS PAID TO “DIGGER FOOTBALL CAMP”

1300 W PARK ST -BUTTE, MT 59701 “ATTENTION: DOUG SCHLEEMAN”



CHECK IN BEGINS MARCH 24TH @ 4PM IN HPER

