

NEW MEXICO MEN'S BASKETBALL COACHES

CLINIC REGISTRATION FORM

SATURDAY OCTOBER 6, 2018

\$60 PER COACH

Name: _____

Number of Coaches attending: _____

Cell Phone Number: _____

School Affiliation: _____

Email Address: _____

Mailing Address: _____

Method of Payment:

Check: _____ Credit Card: _____

Credit Card #: _____

Make Checks Payable to: New Mexico Men's Basketball

Mail Back address: Lobo Basketball
1 University of New Mexico
MSC04 2690
Albuquerque, NM 87131

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