

# Registration Form

**Please return to:**

Laura Cilek  
Athl-Intercollegiate Athletics  
Carver - Hawkeye Arena  
1 Elliott Dr.  
S359 CHA  
Iowa City, IA 52242

Coach's Name: \_\_\_\_\_

High School: \_\_\_\_\_

E-Mail : \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please make checks payable to:** University of Iowa- Women's Golf

**If there is any specific information you would like to have covered in the clinic please feel free to add your suggestions below:**

