



2013 LSU COACHES CLINIC
REGISTRATION FORM
April 11-13, 2013
Featuring Jack Harbaugh

SCHOOL _____

HEAD COACH _____

SCHOOL MAILING ADDRESS _____

EMAIL ADDRESS _____

CELL PHONE NUMBER _____

PHONE NUMBER TO COACHES OFFICE _____

NUMBER OF COACHES ATTENDING CLINIC _____ X \$50.00 = _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

PLEASE SEND THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO:
LSU ATHLETIC DEPT.

Mail to: LSU FOOTBALL COACHING CLINIC
ATHLETIC ADMINISTRATION BUILDING
BATON ROUGE, LA 70803

FOR ADDITIONAL INFORMATION: lsusports.net or 225-578-1151

Office Use Only

Walk up _____ Pre-registered _____

Cash _____ Check _____ Personnal _____ School _____ Total _____