



DIGGER FOOTBALL COACHES CLINIC



REGISTRATION FORM

\$60 INDIVIDUAL

\$300 STAFF OF 5 OR MORE

NAME: _____

School: _____

NAME: _____

School: _____

NAME: _____

School: _____

NAME: _____

School: _____

NAME: _____

School: _____

NAME: _____

School: _____

NAME: _____

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School: _____

NAME: _____

School: _____

CHECKS PAID TO “DIGGER FOOTBALL CAMP”

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



CHECK IN BEGINS MARCH 28TH @ 4PM IN HPER

