2017 Fort Worth Football Officials Regional Rules Clinic Registration Form

SAT. JUNE 17, 2017 / 7:30 AM CHECK-IN Dee J. Kelly Alumni Visitors Center / TCU Campus 2820 Stadium Drive, Fort Worth, Texas 76109 8:30 AM – 3:30 PM

Name		Chapter	
Address		Home Phone #	
City		Cell Phone #	
State, Zip		TASO ID - REQUIRED	
Position	R U HL LJ BJ (please circle)	Years of Experience	
Email address		One point you would like the clinician to cover	

\$50 registration fee due by June 10, 2017\$60 registration fee after June 10, 2017

Make check or money order payable to <u>FWFO</u> and write "Regional Clinic Registration" in the Memo section of the check. <u>No credit or debit cards accepted.</u>

If paying by PayPal, include "Regional Clinic Registration" and you <u>must provide all the information requested on Registration Form, in the</u> <u>PayPal comment section.</u>

PayPal E-mail Address: paypal@fwfo.org

Mail to: FWFO Regional Clinic Registration c/o Rod McLain P.O. Box 1685 Fort Worth, TX 76101