

**Visit our clinic web page at [www.fightingillini.com/camps](http://www.fightingillini.com/camps) and get football clinic information or you can register on-line (with a credit card). If you need further help or would like to register by phone, call the University of Illinois Sport Camps & Clinics Office at 217-244-7248.**

## REGISTRATION INFORMATION

### REGISTRATION FEE

No refunds after March 15, 2012 • \$75 pre-registration; \$85 at the door

Includes: IHSFCA Membership, Hall of Fame Banquet, Friday Cookout, Breakfast, Clinic CD & Social Hour

***Note: Check, money order or credit card payment must accompany this registration form.  
Make checks payable to University of Illinois.***

## A P P L I C A T I O N

### Please Print

Name of High School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### Names of Coaches who will attend the clinic (\$75 per coach)

1. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ 9. \_\_\_\_\_

4. \_\_\_\_\_ 10. \_\_\_\_\_

5. \_\_\_\_\_ 11. \_\_\_\_\_

6. \_\_\_\_\_ 12. \_\_\_\_\_

### Complete and return the application with full payment.

\$75/Coach - Pre-registration

\$85/Coach - At door

**Amount Enclosed:** \_\_\_\_\_

Method of payment:  Cash  Check  Money Order

Credit Card:

Mastercard  Visa  Discover  American Express

\_\_\_\_\_  
Credit Card #                      Exp. Date      V-code

Make check payable to: University of Illinois

For more information please phone: 217-244-7278

### Mail To:

Sport Camps & Clinics  
University of Illinois  
1700 South Fourth Street  
Champaign, IL 61820