

Clinic Application

Please circle one: April 1 April 29

Name:

e-mail:

H.S. Graduation Year:

Club Team:

Preferred Position:

T-shirt size (men`s): S M L XL

Lunch choice: Turkey cold cut veggie

Fee: \$100 Check should be made out to BJWSA and Mailed to:

BJWSA One Day Clinic

c/o Leo Weil

Department of Athletics and Recreation

Johns Hopkins University

3400 North Charles Street

Baltimore, MD 21218