



WOMEN'S BASKETBALL 101 CLINIC

Saturday, December 13, 2008

10:00 AM – 12:00 PM

Check-In will be in the lobby of the Pavilion

Check-In begins at 9:00 AM

All participants must submit a completed waiver form filled out by a parent/guardian

Child's Name: _____

Parent/Guardian Name: _____

Organization Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Parent/Guardian Signature: _____

Date: _____

**** Fax your completed registration form and insurance waiver to:**

ATTN: Kim Lyko

WBB 101 Clinic

Villanova University Athletics

610-519-7972