

Chamba Ltd. Co. Clinic Registration

Camp Date(s): _____

Player's Names:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
12. _____
13. _____
14. _____

Age range of group: _____

Sex: (Male) (Female) (Mix)

Lead Contact Person: _____

Lead Contact Phone Number: _____

\$175 per player (Additional Fees may apply due to rental costs)

As soon as payment is made the camp will be booked.