**Registration Form**

Petal Olympic Throwing Camp

Petal High School Track facility, 1145 MS 42, Petal, MS 39465

16 November, 2019

9AM-1PM

Athlete Name:

Address:

City:

State: Zip Code:

Home Phone #:

E-Mail:

Age:

Male or Female

Grade in Fall 2019:

Parents’ Name:

Parents’ Phone Number:

Clinic Fee:

Athletes: $75, if registration postmarked on or before November 12, $125, if registration postmarked after November 12

Sibling Discount: Second, third etc.. sibling discount fee is $50 per extra person. For Sibling registration, use this same form and write SIBLING on the top.

Fill out this registration, sign the Waiver form, make a Check payable to Gabor Mate and mail it to

**ATTN: Gabor Mate 3011 Calais Street, Mobile, AL 36606**

**For more information, email mate\_gabor@yahoo.com.**