Shot Doctor Registration Form

| Name | |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Address | |
| City | Zip |
| Phone | Grade |
| Email | |
| \$50.00 per Session \$ | \$40.00 per Session for 3 or more |
| Sunday September 10 th | Sunday, October 8 th |
| Sunday September 17 th | Sunday, October 15 th |
| Sunday September 24 th | Sunday, October 22 nd |
| Sessions are f | from 9:00am to 10:30am |
| We will have a maximum of 16 players pe you sign up for 3 or more session, will only | er session. The first 16 players to sign up will be notified. If y cost \$40 per session |
| Make Checks P | ayable to: Marty Gaughan |
| Mail Check and Registration Form to: | |
| Benet Academy | |
| Attn: Marty Gaughan | |
| 2200 Maple Ave. | |

Follow us on Twitter: @d4straining

Lisle, IL 60532