



**C-BCoaches Network Events Presents:
July 31, 2:00-4:00 – Minority Clinic**

Additional Dallas C-BCNEvents for July

July 5 – CourtZide Coaches, BYOP™ 10U & 11-13 Clinics

July 6 – Player Exposure Clinic & Talent Showcase

Week 1: July 15, 18, 19 & 20 • Week 2: July 22, 23, 24 & 25

Our **July College-Bound Coaches Network “Exposure Clinic” for minority athletes**

Wednesday, July 31 Minority Clinic 2:00-4:00 (contact info@lvclub.org to reserve a spot today and see below for price..send this registration form with your check or money order). You may also learn more about this C-BCN Minority Exposure Clinic at: www.college-boundcoachesnetwork.com
Limit to 36 players (due to limited court space at Net Results Sports Center).

I am registering for Wednesday July 31 C-BCN Minority clinic (check box):

July 31 Minority Clinic: Wednesday \$40

Player t-shirt size (circle requested size): Adult – L M S

Player Name: _____ Age: _____ Player Email: _____

Street Address: _____ City/State/Zip: _____

School Attending: _____ Check Level: : 6th/7/8th 9th 10th 11th; 12th

Parent/Guardian/Coach Name: _____ Parent Cell phone: _____

Designate (Work or Home) Phone: _____ E-mail: _____

Please have your daughter describe in her own words what she expects from this experience. Have her include her club experience and if she is interested in playing in college. Also provide any other information that will help us meet your needs.

Payment (Payment options include: Check, money order or cash.) **Checks written to : brvc and mailed to the address below:**

Initial Deposit Amount: **\$40** Final Amount Due: **Paid in FULL once \$40 deposit received**

Deposit Payment method – Check: ___ / Money order: ___ / Cash ___ / **Final Payment method** – Check: ___ / Money order: ___ / Cash ___ /

Insurance provider : _____ Policy #: _____

I hereby grant permission for my child to attend the 2013 College-Bound Coaches Network “Minority Exposure Clinic”. I also grant LVC/brvc permission to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp from any and all liability for any injuries or losses incurred while at Camp. I authorize a designated physician to perform diagnostic, medical and/or surgical treatment if necessary and will be financially responsible for any medical attention needed during camp.

Please reserve a spot with a \$40 non-refundable deposit by June 1. If after June 1 email to check if space available—no walk-ins. **With receipt of payment & registration form, confirmation will follow via e-mail. Note:** Check-in will occur 20 minutes before the first training day session 1:40. For information, please e-mail info@brvc.com or call 972.943.4665.

Parent/Guardian : _____ Date: _____

Return to: brvc Attention: R. N. Nelson, PO Box 702505 Dallas, Texas 75370; USA fax: 972.363.0227

4/22/13

Forms are accepted as of April 1 with \$40 non-refundable deposit. Forms must be faxed and/or received no later than June 15 with final payment. All acceptance will be based on date that we receive your deposit/forms and priority on the following:

| | Non-refundable Deposit | brvc Use Only | Final Payment | |
|--------------------|------------------------|---------------|---------------|-------|
| Type of payment: | Cash | Check # | Cash | Check |
| Date received: | | | | |
| Confirmation sent: | Email | Mail | Fax | Date |