

Bob Koch Hoops
Win Every Workout.



Coach Bob Koch's Three Day Shooting Clinic Registration

Name: _____

AGE: _____

Current Academic Grade: _____

Home Address: _____

Home Phone#: _____

Player Cell Phone #: _____

Parent Cell Phone #: _____

Emergency Phone #: _____

Email Address: _____

Insurance Carrier: _____

Policy #: _____

Deposit: Cash _____ Check# _____

Parental Consent: _____

Who Referred You? _____