

# GBC Youth Tri Camp Registration

Please PRINT clearly.  
Examples:

**AGE**

**FIRST NAME**

**MI**

**LAST NAME**

**STREET ADDRESS**

**DATE OF BIRTH**

Male  
 Female

**CITY**

**ZIP CODE**

**PHONE NUMBER** >

you MUST include a phone number where a parent or guardian can be reached.

**E-MAIL:** only if you would like to receive GBC eNews and stay informed of events by email.

**IN CASE OF EMERGENCY CONTACT:**

**FIRST NAME**

**LAST NAME**

**PHONE NUMBER**

**Event Selection - GREAT BASIN YOUTH CLINIC**

**GBC YOUTH TRI CAMP: June 29-30, 8:30 AM to 3:00 PM (age 7 -12)**  
Cost: \$40

CIRCLE T-SHIRT SIZE: YOUTH S M L

AMOUNT ENCLOSED: \_\_\_\_\_

**MAIL REGISTRATION PLUS CHECK OR MONEY ORDER PAYABLE TO GREAT BASIN COACHING TO:**  
Great Basin Coaching, 770 Pineview Dr, Sandy, UT 84094

TOTAL ENCLOSED: \_\_\_\_\_

———— PARTICIPANT/LEGAL GUARDIAN ————

Please carefully read the liability waiver accompanying this document. The waiver must be signed to participate in any of the above events. The signature of a legal guardian is required for participants under eighteen (18) years of age.

**WHERE DID YOU HEAR ABOUT THE PROGRAM?**

I HEARD ABOUT THE CAMP FROM: \_\_\_\_\_  
\_\_\_\_\_

**Visit [www.greatbasincoaching.com](http://www.greatbasincoaching.com) for more information.**