

# 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: "August 9-10, 9:00 AM to 2:30 PM (age 7 -12)  
Cost: \$40

CIRCLE T-SHIRT SIZE: YOUTH: S M L Adult: S

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.**