

**To make application to our 2006 4 Day instructional clinic, please
PRINT OUT THIS FORM, then fill out application and mail or FAX with payment**

Tuition Price for the 2006 Four Day Clinic is \$425

Please write in the session you wish to attend

4-Day clinic Location and Date _____

Name: _____

Postal Address: _____

City: _____ State: _____ Zip: _____

Country: _____ e-mail: _____

Phone Number: () _____ - _____

Emergency Phone Number: () _____ - _____

Age: _____ Average: _____ Coach: _____

Home Bowling Center: _____

New Student () Repeat Student ()

How did you find about this clinic?

Method of Payment:

Amount Enclosed: \$ _____

Check () or Charge Visa () Master Card ()

Card Number: _____

Expiration Date: _____/ _____

Signature: _____

**Scott or Sue Hamilton, Directors, Dick Ritger's Bowling Camps,
201 Christopher Ln, Ithaca, NY 14850, phone: 800 535 0678,
(607) 257-6789, fax (607) 266-7833**