

# P.J. Diana's



## Goalie Clinic

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip: \_\_\_\_\_

Age: \_\_\_\_\_

Birth date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Current Team: \_\_\_\_\_

**Monday's at 7:30pm-8:30pm**  
**\$40 per clinic**