



**2017 LSU COACHES CLINIC  
REGISTRATION FORM**  
March 23 - 25, 2017  
*Featuring Anthony Munoz*

SCHOOL \_\_\_\_\_

HEAD COACH \_\_\_\_\_

SCHOOL MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

PHONE NUMBER TO COACHES OFFICE \_\_\_\_\_

NUMBER OF COACHES ATTENDING CLINIC \_\_\_\_\_ X \$65.00 = \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

**To pay by Credit Card go to [lsusports.net/coachesclinic](http://lsusports.net/coachesclinic) and register on-line**

Make checks payable to: **LSU Athletic Department**

Please mail completed form and payment to:

LSU Football Coaches Clinic  
Athletic Administration Building  
Baton Rouge, LA 70803  
Attn: Lois Stuckey

Fax to 225-578-7370 to Pre-Register

For additional information visit [lsusports.net](http://lsusports.net) or call 225-578-1151