

JESSE SAPOLU'S MEN IN THE TRENCHES, LLC

Registration Form



Student-Athlete's Name: _____ Age: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Secondary Phone: _____

Email Address (**Required**): _____ Grade Fall 2010: _____

High School: _____ Head Coach: _____

Offense Position (please check): OL

Defense Position: (please check): DL

How did you learn about clinic? (please check): Friend Coach Mailing Newspaper

Search Engine Website Other: Please Specify _____

Please choose your payment method:

[] Check Enclosed Check # _____

***If choosing to pay by credit card, please visit our website to register and pay online.**
www.sapolumeninthetrenches.com.

To reserve a spot:

*Call: 909-731-7232

*Fax: 714-242-6611

*Mail your application and payment to: **Jesse Sapolu's Men In The Trenches**

PO Box 3547, Costa Mesa, CA 92628

For more information: E-mail: radams@sapolumeninthetrenches.com or lsapolu@sapolumeninthetrenches.com

Visit our website: www.sapolumeninthetrenches.com