

SEADO Enterprises

“A Sports and Information Referral Service”

“The McNabb Challenge Pro Style Clinic/Player Assessment Skills Session (PASS) Mini Camp”

Registration Form

In order to attend a SEADO Enterprises Pro Style Clinic all requested information must be completed. All forms can either be sent (fax, US mail) to the SEADO Enterprises office or brought to the Pro Style Clinic sessions.

Please print or type all information.

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth (mm/dd/yyyy): _____

Email: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Phone Numbers: (_____) _____ (_____) _____

Current High School: _____ Graduation Year (yyyy): _____

Intended College Major: _____ Circle Shirt Size: L XL XXL XXXL

Combine Test Position: _____ Other Positions Played: _____

SEADO CAMP LOCATION INFORMATION:

City: _____ State: _____ Date: _____

Time: _____ Facility: _____

Pro Style Clinic/Player Assessment Skills Session Registration Fee: \$100

**Accepted forms of payment are: Money Order, Cashier's Check, or Certified Check
(no personal checks)**

MAKE MONEY ORDERS AND CHECKS PAYABLE TO: SEADO Enterprises

Additional forms will be mailed in the SEADO Enterprises package upon registration.

Visit our website: www.seadoenterprises.com