

2010 BOB GIBBONS EVALUATION CLINIC ACCEPTANCE FORM

NAME _____

___ YES, I ACCEPT YOUR INVITATION TO ATTEND THE
BOB GIBBONS SPRING EVALUATION CLINIC
AT CAROLINA COURTS IN INDIAN TRAIL, NC, APRIL 24-25, 2010.
I WILL MAKE MY OWN TRAVEL ARRANGEMENTS TO ATTEND THIS EVENT.

___ ENCLOSED IS MY ADVANCE ENROLLMENT PAYMENT OF \$200.00, IF MAILED BY APRIL 12. AFTER THAT DATE THE ENROLLMENT FEE IS \$250.00. NOTE: THERE WILL BE NO REFUNDS FOR ANY CANCELLATIONS REGARDLESS OF REASON AFTER APRIL 2.

NOTE: CLINIC REGISTRATION IS FROM 8:00-9:00 A.M. ON APRIL 24 (SATURDAY). REGISTRATION WILL BE AT CAROLINA COURTS, 7210 STINSON HARTIS RD., INDIAN TRAIL, NC, 28079

FOR DIRECTIONS GO TO WEBSITE: WWW.CAROLINACOURTS.COM

PLEASE MAKE CHECKS PAYABLE TO:
BOB GIBBONS EVALUATION CLINIC

MAIL CHECK AND THIS FORM TO:

BOB GIBBONS
P.O. BOX 955
LENOIR, NC 28645 TEL: 828/758-5827

OVERNIGHT OR FED-EX TO:

BOB GIBBONS
118 MULBERRY STREET NW
LENOIR, NC 28645 FAX: 828/758-2270

CREDIT CARDS:

WE ACCEPT ALL TYPES.
PLEASE CALL **828/758-5827**
FOR CREDIT CARD PAYMENTS.

PLEASE TYPE OR PRINT LEGIBLY:

NAME _____ TELEPHONE _____

STREET ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ CURRENT CLASS (YEAR) _____ HEIGHT _____ WEIGHT _____

HIGH SCHOOL _____ CITY _____

COACH _____ TELEPHONE _____ POSITION PLAYED IN H.S. _____

BEST POSITION FOR COLLEGE _____ PSAT/SAT _____ SHOE SIZE _____

LAST SEASON AVERAGES: POINTS _____ REBOUNDS _____ ASSISTS _____ BLOCKS _____ STEALS _____

SIGNATURES: PLAYER _____ **DATE** _____

PARENT OR GUARDIAN _____ **DATE** _____

PLEASE UNDERSTAND THAT **ENROLLMENT IN THE 2010 BOB GIBBONS SPRING EVALUATION CLINIC** IS **VERY LIMITED**, AND WE MUST **ACCEPT APPLICANTS ON A FIRST-COME, FIRST-SERVED BASIS**. YOU NOW HAVE THE **UNIQUE OPPORTUNITY TO ATTEND THIS HIGH PROFILE, NATION'S BEST EXPOSURE CLINIC**, AND BE **EVALUATED BY BOB GIBBONS, THE MOST RESPECTED HIGH SCHOOL TALENT EVALUATOR IN THE USA**. **DO NOT DELAY. SEND THIS ENROLLMENT FORM AND YOUR PAYMENT TODAY!**