

**2014 ECAC Clinic
Fairfield University
July 26, 2014
REGISTRATION FORM**

Name_____ Chapter_____

Address_____

Telephone(H)_____ (W)_____ (C)_____

Email_____

**Clinic Fee -- \$50 – Make Check Payable to: Bill Ward
Please mark in memo: “2014 Clinic Fee”**

This form and your \$50 FEE are due on or before July 20!!

REMINDER: Bring your completed physical form

**Please mail to: Bill Riccio, Jr.
182 Park Street
West Haven, CT 06516**

Lunch will be provided at Fairfield and is included in your fee along with a clinic gift. Please remember, no alcoholic beverages on campus.

Any questions, please call Bill Riccio at (203) 934-6397 or (203) 932-5262.