

2017 Covenant Athletic Clinic Sign Up

GIRLS & BOYS BASKETBALL CLINIC: JUNE 5 THROUGH JUNE 7

Run by Coach Keith Coleman who has coached at both the high school and college level, working with both men's and women's teams. His philosophy is "winning is temporary, learning is forever." This clinic will be held at Cypress Bible Church on Cypress N. Houston Road for \$150 for all three days or \$60/day for partial attendance. Clinic times depend upon the age of the player:

- **9AM-12PM: students entering grades 5-8**
- **1PM-4PM: students entering grades 9 and up**

Basketball Clinic Registration Fee \$150

Name of Child: _____ Entering Grade: _____

Partial Basketball Clinic Registration Fee.....#____ of days @ \$60/day

Name of Child: _____ Entering Grade: _____

Dates of attendance: _____

VOLLEYBALL CLINIC: JULY 5 THROUGH JULY 7

Run by Mr. Gordon Morrison, our high school girls coach for the 2017 fall season at Willowbrook Sports Complex on Perry Road. This exclusive Covenant Academy volleyball clinic will be held for three days for \$75 or \$30/day for partial attendance. We would love for as many girls as possible to be a part of this, so we can begin to strengthen our teams. Clinic times depend upon the age of the player:

- **9AM-12PM: girls entering grades 5-8**
- **12PM-3PM: girls entering grades 9 and up**

Volleyball Clinic Registration Fee \$75

Name of Child: _____ Entering Grade: _____

Partial Volleyball Clinic Registration Fee.....#____ of days @ \$30/day

Name of Child: _____ Entering Grade: _____

Dates of attendance: _____

Covenant girls will also have the opportunity to practice with Mr. Morrison once a week in the summer at an open gym. The cost will be \$5 per evening. Dates to be announced. Official practices will start the first of August, with games beginning in September.

Payment Options:	<input type="checkbox"/> Cash, or <input type="checkbox"/> Check # _____ (included with form)	TOTAL DUE: _____
	<input type="checkbox"/> Pay via FACTS billing, I do hereby authorize Covenant Academy to bill my account.	
	_____ Signature	_____ Date
	_____ Email Address	_____ Phone