

2010 ROLLING CLINIC REGISTRATION FORM

Name _____

Address _____

Phone _____

Email (required) _____

Session 1: January 9 & 16 Clinic \$55 Practice \$15

Session 2: February 6 & 13 Clinic \$55 Practice \$15

Mail registration form

Cat Radcliffe

with check payable to RICKA to:

573 Rockdale Avenue, New Bedford MA 02740

**** Registration deadline: December 31, 2009 ****