

Student Trainer Workshop Registration:

Athletic Trainer(s) _____
School _____ School Phone _____
School Address _____
E-Mail Address _____

Please Send Check Or Money Order To: VATA\Student Trainer Workshop
Steffanie Becker, Athletic Trainer
Student Affairs Committee
PO Box 720598
McAllen, TX 78504

Credit Cards Will Not Be Accepted.
You Will Be Able To Pay With Cash, Check, or Money Order At The Registration Site.
Registration fee: \$15 Early Registration, \$20 At Door

Student's Full Name _____ Age _____ Grade _____
Home Address _____ City _____ State _____ Zip Code _____
Years of Student Training Experience _____ Phone number _____ Shirt size _____

Student's Full Name _____ Age _____ Grade _____
Home Address _____ City _____ State _____ Zip Code _____
Years of Student Training Experience _____ Phone number _____ Shirt size _____

Student's Full Name _____ Age _____ Grade _____
Home Address _____ City _____ State _____ Zip Code _____
Years of Student Training Experience _____ Phone number _____ Shirt size _____

Student's Full Name _____ Age _____ Grade _____
Home Address _____ City _____ State _____ Zip Code _____
Years of Student Training Experience _____ Phone number _____ Shirt size _____

Student's Full Name _____ Age _____ Grade _____
Home Address _____ City _____ State _____ Zip Code _____
Years of Student Training Experience _____ Phone number _____ Shirt size _____