

PAINBALL CLINIC REGISTRATION FORM

Name: _____ Age: _____

Address:

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Initial Bellow:

_____ Registration fee is non-refundable unless clinic is cancelled.

_____ I agree to follow the field rules and the instructions of the pros. If I do not, I will forfeit my clinic fees and paint fees.

Print Name

Signature

