

**NEW YORK/CONNECTICUT REGION'S
INSTRUCTOR'S CLINIC
March 21st, 2009
Post University, Waterbury, CT
REGISTRATION FORM**

Candidate Name: _____

Street Address: _____

City, State, Zip: _____

Candidate Email: _____

Chaperone Name: _____

Chaperone Email: _____

Phone Number(s): _____

Club name: _____

Rating planned for this year: _____

Participants are required to bring a prepared Lesson Plan.

Topic of Lesson Plan: _____

Will you want Lunch for a \$5 donation: Yes ____ No ____ For how many _____

Items to bring to registration:

- USPC Medical Release
- Lunch donation money

Please EMAIL (or snail mail) registration forms, by **March 18th**:

meredithmt@earthlink.net

Meredith Tiedemann
76 Arrowhead Drive
New Hartford, CT 06057

If questions, you may contact Meredith at meredithmt@earthlink.net or (860) 309-1940.