



**KICKING SCHOOL REGISTRATION FORM**

**Name:** \_\_\_\_\_  
Day            Month            Year

**DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Cell P #** \_\_\_\_\_

**College:** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Professional:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**School Name :** \_\_\_\_\_

**Name Football Team** \_\_\_\_\_

**City/State** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Payment:**    US\$ \_\_\_\_\_    Check \_\_\_\_\_    Cash \_\_\_\_\_    R# \_\_\_\_\_

1 Day \_\_\_\_\_    3 Days \_\_\_\_\_    5 Days \_\_\_\_\_    Other \_\_\_\_\_

**Check N:** \_\_\_\_\_    **Bank Name:** \_\_\_\_\_

**Credit Card Information** \_\_\_\_\_

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*Please List Below Dates You Are Interested In Attending Kicking School:*

N.	Month	Day	N.	Month	Day
1.	_____	_____	3.	_____	_____
2.	_____	_____	4.	_____	_____

Doug Blevins Kicking School  
PO Box 2153  
Abingdon, Virginia 24212

Phone #: (276) 739-9925  
Fax #: (276) 628-9831  
E-mail: DugNFL@aol.com