

TITLE IX ATHLETICS CLASS

CLASS DATES _____

TUITION

HALF-DAY CLASS number of participants: _____ x **\$595.00** _____

ONE-DAY CLASS number of participants: _____ x **\$895.00** _____

TWO-DAY CLASS number of participants: _____ x **\$1,695.00** _____

THREE-DAY CLASS number of participants: _____ x **\$2,295.00** _____

Name: _____

Title: _____

Institution: _____

Address: _____

E-mail: _____

Phone: _____

BY CHECK: make payable to: **Good Sports, Inc., P.O. Box 500505, San Diego, CA 92150**

BY CREDIT CARD (email / mail this form with Visa or MC number)

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