

**Big 12 Conference**  
**San Antonio Regional Clinic 2010**  
**Friday, February 26 – Sunday, February 28, 2010**  
**University of Texas San Antonio**  
**1 UTSA Circle**  
**San Antonio, TX 78249**

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**Clinic Registration Form**

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Complete all applicable information using the form below. Be sure to print the form and mail to the conference address below along with a check for \$250 made payable to “**Big 12 Conference**”. You should receive confirmation of registration via email at least two weeks after you submit your form. If you do not, you may contact Tracy Hunt at [tracy@big12sports.com](mailto:tracy@big12sports.com) or 469-524-1017.

Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Home Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>
E-mail:	<input type="text"/>
Conference:	<input type="text"/>
Position:	<input type="text"/>

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**Registration:** (Registration fee includes attendance at clinic sessions, meeting materials, reception, and breaks. Registration fee **does not** cover the cost of meals, lodging, or transportation. Those costs are the responsibility of each attendee.)

Mail completed form and check (payable to “Big 12 Conference”) to:

**Walt Anderson**  
**Big 12 Conference**  
**400 East John Carpenter Freeway**  
**Irving, TX 75062**