



Clinic Contact

Organization/Team/League Name:
Contact Name:
Contact Phone:
Contact Email:
Mailing Address:

Clinic Information

Clinic Held:	Mon.	Tue.	Wed.	Thr.	Fri.	Sat.	Sun.
Clinic Date(s):							
<input type="checkbox"/> We want Michele for the ENTIRE CLINIC				<input type="checkbox"/> We want Michele for SPECIFIC DATE(s)			
Type of Clinic:				Physical Location:			
Experience/Skill Level:							
Clinic Start Time:				Clinic End Time:			
Arrival Time:				Departure Time:			
<input type="checkbox"/> Whole-Group Duration of Clinic Instruction: Number of Whole-Group Participants:				<input type="checkbox"/> Small-Group Break-Out Sessions Number of Sessions Per Day: Duration of Each Session: Number of Participants per Session:			
Clinic Goals: List the general goals/outcomes of the clinic and/or break-out sessions.							
Will there be a Q&A session during the clinic? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ TIME: _____							
Will there be a meet-and-greet session? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ TIME: _____							

