



3-Day Children's Clinic Application Form

Student's Name (first, last) _____

Student's Date of Birth _____/_____/_____

Parents' Name(s) _____

Mother's Cell Phone _____ Father's Cell Phone _____

Alternate Phone _____

Email Address _____

Please choose the session your child will be attending.

SESSION 1

SESSION 2

SESSION 3

A \$200 deposit is required to hold your child's space for the clinic. You can also pay the full amount (\$550) in advance. Any remaining balance is due on the first day of the clinic.

Once completed, print out this form and send with payment.
All checks should be made payable to Topline Training, Inc.

Mail this form and your check to: Gina Duran
6184 Skylinks Ct.
Livermore, CA 94551

We look forward to having your child at the clinic.

Please do not hesitate to contact us with any further questions.