

## JUNIOR CLINIC PAYMENT FORM FOR CLINICIANS

HEAD CLINICIAN	LOCATION AND/OR NAME OF CLINIC	DATE	TIME
1.			
ASSISTANT CLINICIAN		COMMENTS	
1.			
CLINICIAN AIDES			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
CLUBS IN ATTENDANCE	AGE GROUPS	EST. TOTAL # OF JUNIORS	
1.			
2.			
3.			
4.			
5.			<i>HEAD CLINICIAN'S SIGNATURE:</i>
6.			