

## ASSESSMENT COVER SHEET

Due Date \_\_\_\_\_

<b>Instructor Name</b>		
<b>Address</b>		
<b>City</b>	<b>State/ Province</b>	<b>Zip/ Postal Code</b>
<b>Phone (    )</b>	<b>Fax (    )</b>	
<b>Email</b>		
<b>Club Name</b>		
<b>Club Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone (    )</b>	<b>Fax (    )</b>	
<b>Coordinator Name</b>		

Write the program & release season that you are submitting for assessment:

**Program:** \_\_\_\_\_ **Release Season:** \_\_\_\_\_

**Cost of Assessment is \$35**

(Non-U.S. residents must pay by credit card or U.S. Money Order)

Method of Payment: (check, credit card or money order accepted)

Check or Money Order #:

\_\_\_\_\_

Credit Card Number:

Expiration Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

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