



**GREATER CATHOLIC YOUTH FOOTBALL COMBINE
PRE-REGISTRATION FORM**

Players Name _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Age _____ Height _____ Weight _____ School _____

Coach _____ Position _____

T-Shirt Size Adult SM _____ MED _____ LG _____

 Youth SM _____ MED _____ LG _____

How Did You Hear About The Combine? _____

Any known medical conditions? _____

Mail completed form and \$35 payment to:
Tekulve Acceleration Training 7575 Five Mile Road Cincinnati Ohio 45230

If you wish to pre-register by phone please call our office at 474-4525

I give permission for my son/daughter to participate in the 2010 GCYL Youth Football Combine and release Tekulve Acceleration Training, GCYL, and Turpin High School from any liability.

Parent/Guardian Signature _____ Date _____

Office Use Only								
Visa/MasterCard						Exp Date	Check #	
Payment		Date		Clerk		Cash		