



ACL INJURY PREVENTION

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENTAL/GUARDIAN NAME _____

PHONE (DAY) _____ (NIGHT) _____

HIGH SCHOOL/GROUP _____

DATE OF ACL PROGRAM _____

A non-refundable deposit of \$150 is due with the application to reserve a spot. The remaining balance is due at the start of the program. No refunds are issued once the program begins. Please make checks payable to "Spine and Sports Institute" and send in with this application.

For Credit Card Billing:

CREDIT CARD # (Mastercard or VISA) _____

NAME ON CARD _____

EXPIRATION DATE _____ AMOUNT _____

SIGNATURE _____ DATE _____

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