



## Coach's Packet Order Form

### Instructions

- Complete this form and email to the YSRC; mail the original form with payment to the address above
- Once your order is received, please allow 5 days for delivery via UPS ground service (No P.O. Boxes!)
- To expedite your order, you may fax this form with a photocopy of your payment to (732) 932-7773
- Call the YSRC at (732) 932-7178 to arrange pick-up between 8:30am and 4:30pm, Monday-Friday

Today's Date \_\_\_\_\_ Clinic Date \_\_\_\_\_ Clinic Time \_\_\_\_\_

Location of clinic (e.g., Municipal Bldg., High School, etc.) : \_\_\_\_\_

City \_\_\_\_\_

Sponsoring Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Clinician(s) \_\_\_\_\_

Clinic Host \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

May we refer coaches from other agencies to you? (Please check box)  Yes  No

If yes, phone # coaches should call: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ and/or

email address: \_\_\_\_\_

Ship packets to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Quantity	Item	Price	Total
	Rutgers S.A.F.E.T.Y. Clinic Packets/4th <i>edition</i>		

Postage/handling @ \$.50/packet = \$ \_\_\_\_\_

*Make checks/P.O. payable to Rutgers YSRC*

Total amount enclosed = \$ \_\_\_\_\_

For Office Use Only

Order # \_\_\_\_\_ P.O./Check # \_\_\_\_\_ Clinic # \_\_\_\_\_