



THE UNIVERSITY OF
TEXAS
ATHLETIC PERFORMANCE

REGISTRATION FORM -- ATTENDEE INFORMATION

Last name:		First:	Middle:	Birth date:
Email Address:		Cell Phone:	Work Phone:	
Address: (Street/P.O Box)	Address: (City, State)		Address: (Zip Code)	
Field Of Work:	Organization Affiliation:		Employer Certifications: (ex. CSCS, SCCC, ACE PT, etc)	
Adult T-Shirt Size:				