

MA3 Clinic Application



Name: _____

MA3# _____

Chapter Affiliation: _____

Phone# _____ Email: _____

Name of Instructor: _____ phone # _____

Instructor Level: _____ Name of Clinic: _____

Location of Clinic: _____

Organizer of Clinic: _____ Email: _____

Organizer Phone #: _____

Location Director (POC for Location) _____ Phone #: _____

Email of Location Director: _____

Number of Students: _____ Number of Days: _____

Dates of Clinic: _____

Names of Assistants that may be helping Instructor:

By signing below I acknowledge I am responsible for this event, that the above information is completed to the best of my knowledge and if there are any significant changes, I will submit a new application to the MA3 Board of Directors so they may be kept informed. I agree that all MA3 Rules and Regulations will be followed during this event. I agree to have all required documents and waivers signed by every competitor and volunteer.

Name: _____ Date: _____

Signature: _____