



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Name: _____ Title: _____
Last First Middle

School District/Organization: _____

Mailing Address: _____
Street City State Zip

Phone:(_____) _____ - _____ Cell:(_____) _____ - _____ Fax :(_____) _____ - _____

Email Address: _____

Emergency Contact : Name: _____ Phone:(_____) _____ - _____
Last First

Roommate Request: _____

Is this a New or Repeat Activity? **NEW - REPEAT** (please circle one)

Are you presently a Chemical Health Professional? **YES - NO** (please circle one)

Signature: _____ Date: _____

Fees:

Application Fee: \$50.00 (must be sent in with this application)

Arrival Date: June 3rd, 2010 Fee Due At Arrival \$350.00

Please Make Checks Payable to: *American Athletic Institute*

Please mail completed application with payment to the address below

Attention Sara Dolton

10001 Century Lane

Lenexa, KS 66215

If you have any questions or concerns please contact

Sara Dolton (913) 522-8036

sdolton@aaisport.org

Or

John Underwood (518) 796-6337

junderwood@aaisport.org

American Athletic Institute
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Website: www.aaisport.org