

**5th
YEAR**

**SACRAMENTO CLINIC OF CHAMPIONS
EXHIBITOR RESERVATIONS**

Exhibiting space for _____ for the 5TH Annual Clinic of Champions to be held on January 25 & 26, 2019 at the **HOLIDAY INN – Downtown/Arena** (300 J Street) in Sacramento, California. This year's clinic will be hosting High School/College/ Youth Football, Weight Lifting, Speed Development and Fundraising.

Contact Name _____ **Cell #:** _____

Name of persons representing company at Clinic (only two per company)

Local Rep: _____ Cell # _____

Company Address _____

City, State, Zip _____ **E-Mail:** _____

Telephone (____) _____ **FAX** (____) _____

Has your company attended one of the Clinic of Champions in the past?

YES NO

Will you require a room at the Clinic? 1 or 2 beds

Under whose name _____

YES NO

****Please let me know A.S.A.P.**

THUR.& FRI. FRI.

(ONLY)

FRI. & SAT.

Do you plan on offering a gift at the Saturday Social?

YES NO

If so, what _____

EXHIBITING FEES

Two day exhibiting fee including (1) booth & room(1night) Friday only: \$700

Two day exhibiting fee (1) booth only: \$600

FEES ARE DUE DECEMBER 1, 2018

Not Refundable After JAN. 1, 2019

Makes checks payable to:

**Clinic of Champions
11230 Gold Express Dr. #310-349
Gold River, CA 95670**

Phone(916) 853-2074 Cell-916-996-9506

Fax: (916) 853-2075

e-mail: coachmaxmiller@aol.com

Web Site: www.clinicofchampions.com

Please tape you business card here.

****Exhibitors space(includes table (6'),**

***** Exhibitors can begin setting up on Friday, January 25. at 3:00 p.m.**

Clinic doors open at 5:00 p.m. and exhibitors may begin to tear down on Saturday at 6:00 p.m.(not before)