SPEAKER INFORMATION

Contact Name:			
School:			
Title:			
E-Mail:			
Home/Cell Phone:			
Best Time for Contact:			
Subject (We will let you know which subject)	ı		
Offense 1 2 3 4	Defense 1 2 3 4		
*Time = 1 hour Friday in PM and 3 h	nours on Saturday in A	AM or PM	
Site You Wish to Speak:	○ Reno	Sacramento	
For additional information regard	ing Speaker Fee and	d Hotel Room, contact:	
Max Miller Phone: 916-996-9506 FAX: 916-853-2075 E-mail: CoachMaxMiller@aowww.ClinicOfChampions.co	<mark>l.com</mark> m		