

# APPLICATION FOR ENROLLMENT

Name of team: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Roster

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(continue on opposite side as needed)

### PROGRAM DETAILS:

Cost = \$10 per team member. This includes educational seminars, baseline ImPACT® testing, and priority appointments for post-injury evaluations. Post-injury ImPACT® testing and office visits are charged additional on an as-needed basis.

### TO ENROLL:

**Mail form to:** Colleen T. McDermott  
8100 Wescott Dr., Suite 101  
Flemington, NJ 08822

**Fax form to:** (908) 782-7575

**Email scanned form:** [cmcdermott@hunterdonortho.com](mailto:cmcdermott@hunterdonortho.com)

**Questions** call Colleen T. McDermott at (908) 782-0600 x2214



# Roster (continued)

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