



Please fax or mail form  
by **Wednesday July 26, 2006** to:

Rehab & Sports Medicine  
Attention: Jonathan Kuhn  
125 Hospital Drive  
Watertown, WI 53098  
Phone: (920) 262-4220  
Fax: (920) 262-4392

*Please print or type all  
Information*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

\_\_\_\_\_

