



## **REGISTER ONLINE BEFORE YOUR VISIT!**

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Name: Washoe County School District

School/Department:		Sport:
Applicant Name Last /First :		
Address:		
City	State	Zip
Date of Birth:	Last Four of Social Security Number:	
Email:	Phone Number:	
Ori: <u>NV930350Z</u>	VINU: <u>880135</u> RI	FP: 391.100
4 - COACH - Paid  Signature of Authorization:  Company is responsible for fees. Walk in or book appointments online.		
Fingerprinting Express		
5000 Smithridge Dr  Reno, NV 89502  775-322-5587		
Fingerprint Date:	TCN#:	Initials