

KICKING GAME WORKOUT FORM

Name: _____ Date: _____

AGENDA

CHART 1: KICKING

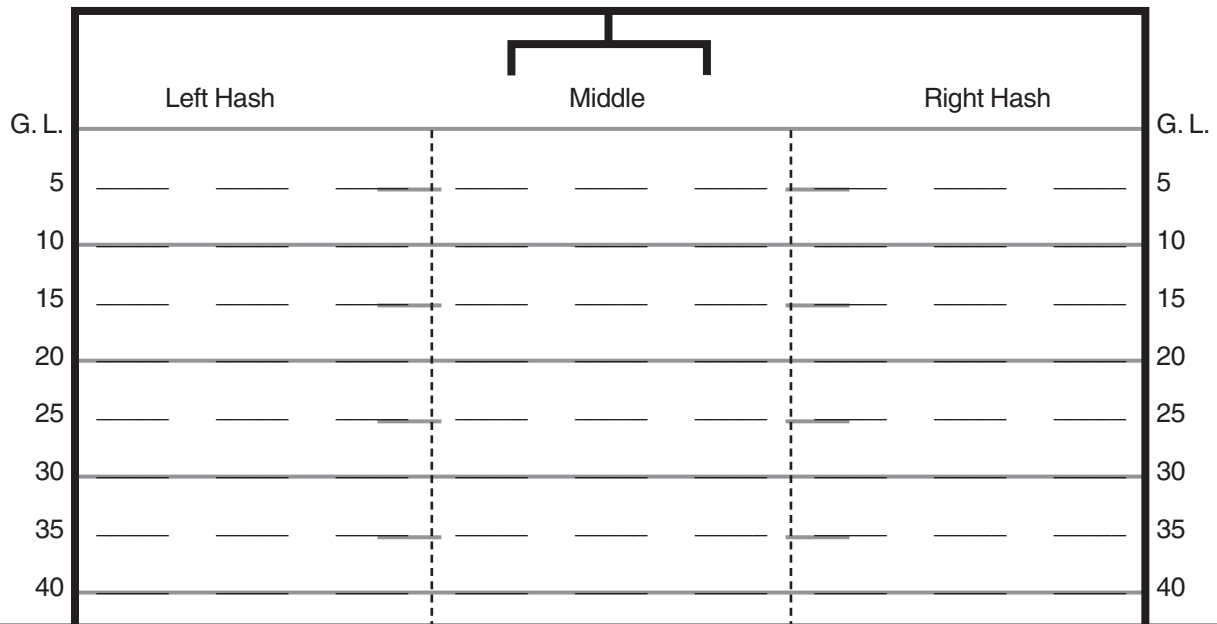


CHART 2: KICKOFF

