



ADVANCE REGISTRATION FORM
CHARLOTTE, NC

2010 NIKE Coach of the Year Clinic
March 5th, 6th and 7th
Sheraton Charlotte Airport Hotel

(*required)

*COACH/NAME: _____
(Contact person)

*SCHOOL: _____

*SCHOOL ADDRESS: _____

*CITY/STATE/ZIP CODE: _____

*SCHOOL TELEPHONE: _____ FAX: _____

*E-MAIL ADDRESS: _____

ADVANCE REGISTRATION FEE is \$85.00! Schools with 4 or more staff members registering together and using this form will receive an additional \$5 discount on the advance registration fee bringing the cost to \$80 per coach when registering during the advance registration period.

THIS FORM WITH ENTIRE PAYMENT MUST BE **RECEIVED** BY FEB. 21, 2010 IN ORDER TO RECEIVE ADVANCE RATE.

NC and SC coaches who provide proof of membership (card, certificate, etc.) in either the SCHSA or the NCFCA at check in will qualify for and receive \$5 cash back during the final check-in process.

Please list all coaches, including the contact person above, who will be attending the clinic. Name badges will be given and must be worn during all sessions for the registered coaches listed below. E-mail confirmation will be sent to the contact person once registration form has been received and processed.

Coaches name and email address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Registration enclosed for _____ coaches at \$85.00 each \$ _____

A. Less discount for 4 or more coaches (above) \$5.00 each < _____ >

TOTAL PAYMENT ENCLOSED \$ _____

Checks can be mailed and be made payable to: NIKE Coach of the Year Clinics
C/O Ron Treadway, Clinic Director
P.O. Box 954
Rockwood, TN 37854