



**YOUTH FOOTBALL COACH  
REGISTRATION FORM  
CHARLOTTE, NC**

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

(\*required)

\*COACH/NAME: \_\_\_\_\_  
(Contact person)

\*TEAM/SCHOOL/YOUTH  
LEAGUE AFFILIATION: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\*E-MAIL ADDRESS: \_\_\_\_\_

YOUTH COACH REGISTRATION FEE \$70. Youth coaches are those who coach at the Middle School level or below. Registration fee includes NIKE complimentary portfolio.

Registration should be returned before February 21, 2010

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

Coaches name and e-mail address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This registration is for the **Entire 3 Day Clinic – No One Day Fee Available**

# \_\_\_\_\_ Coaches @ \$70 .00 = \_\_\_\_\_

**Total Paid** \$ \_\_\_\_\_

**Space for Youth Coaches may be limited. In order to guarantee your reservation please return before February 21, 2010.**

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

