



NATIONAL OFFICE EXHIBITORS CONTRACT
2010 NIKE COACH OF THE YEAR CLINICS
(PINK FORM)

COMPANY/EXHIBITOR: _____

EXHIBITOR CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

E-mail address: _____

EXHIBITORS MAY NOT DISPLAY PRODUCTS COMPETITIVE WITH NIKE PRODUCTS

Clinics you will be participating in for 2010

_____ We will participate in selected clinics as indicated below. There is a \$25.00 discount per booth for multiple booths at any one clinic.

Table with 6 columns: Clinic, Dates, # of Booths, Booth Rental, Less Discounts, Total. Lists various clinics and their respective booth rental rates and dates.

Approved by: _____ Total Payment Enclosed _____
(Signature)

PLEASE RETURN THIS FORM, ALONG WITH YOUR CHECK, TO:
Chrissey Stephens, National Office, Nike Coach of the Year Clinics, P.O. Box 31408, Knoxville, TN 37930-1408 Phone: (865) 690-7010 & FAX: (865) 690-7806
Or Call Chuck Rohe, National Director at (407) 416-5800 if you have questions.

OR

REGISTER ON-LINE AT www.nikecoyfootball.com AND PAY BY CREDIT CARD

COMPLETE AND MAIL A COPY OF THE "INDIVIDUAL CLINIC INFORMATION FORM" (YELLOW FORM) to each clinic providing each director with information they need on electrical requirements, credentials and staffing.