

**CLINIC REGISTRATION ONLY  
PORTLAND  
COACH OF THE YEAR**

**REGISTRATION FEE**

Prior to March 1, 2010 \$85.00

After March 1, 2010 \$95.00

**(No refunds after March 1, 2010)**

YOU CAN REGISTER ONLINE

[www.oregoncoach.org](http://www.oregoncoach.org)

**PLEASE TYPE OR PRINT CLEARLY**

Name\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

School/Organization\_\_\_\_\_

Email\_\_\_\_\_

Any staff with 4 or more coaches attending will receive a \$5.00 discount per coach. This is in addition to the OACA member discount. List all coaches included in the enclosed payment.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please make checks or P.O.s payable to:**

**COACH OF THE YEAR CLINIC**

**Mail form and check to:**

**OREGON ATHLETIC COACHES ASSOC.**

**3295 TRIANGLE DR. SUITE 100**

**SALEM, OR 97302**

**Credit cards can also be used for payment. (If using a personal credit card, include home address and zip.)**

**Credit Card#**\_\_\_\_\_

**Expiration Date**\_\_\_\_\_

**Questions or additional information phone: 503-399-9132**