

**ATLANTA NIKE COACH OF THE YEAR CLINIC
REGISTRATION FORM
2012**

COACH/NAME: _____

SCHOOL AFFLIATION: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE: _____

Registration fee is \$75.00 in advance and \$90.00 at the door. Schools with 5 or more staff members attending receive a \$10.00 discount, per coach, on advance registration **ONLY**.

THIS FORM WITH PAYMENT MUST BE **RECEIVED** BY JANUARY 20, 2012 IN ORDER TO RECEIVE ADVANCE RATES.

If you or your school are sending more than one staff member, the head coach should complete the form above, list below all staff members attending, and mail together with payment as indicated.

NAMES OF COACHES ATTENDING:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Registration enclosed for _____ coaches at \$75.00 each \$ _____

Less discount for 5 or more coaches (above) \$10.00 each [_____]

TOTAL PAYMENT ENCLOSED \$ _____

Checks should be made payable to:

Nike Coach of the Year
P.O. Box 754
Blairsville, GA 30514
706-835-7729

Website: www.nikecoyfootball.com