



ADVANCE REGISTRATION FORM

Long Island, NY

2012 NIKE Coach of the Year Clinic
February 2nd, 3rd, and 4th, 2012
Melville Marriott Long Island

COACH/NAME: \_\_\_\_\_

SCHOOL AFFILIATION: \_\_\_\_\_

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

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

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

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

COACHING INFORMATION: \_\_\_\_\_ Head Coach \_\_\_\_\_ Off. Coach
\_\_\_\_\_ Def. Coach \_\_\_\_\_ Other

Registration fee is \$80.00 in advance and \$95.00 at the door. Schools with 5 to 7 staff members attending receive a \$5.00 discount, per coach, on advance registration only. Schools with 8 or more staff members attending receive a \$10.00 discount, per coach, on advance registration only.

THIS FORM WITH PAYMENT MUST BE RECEIVED BY JAN. 30, 2012 IN ORDER TO RECEIVE ADVANCE RATES. Space is limited to 350 registered coaches.

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:

Blank lines for listing names of coaches attending.

Registration enclosed for \_\_\_\_\_ coaches at \$80.00 each \$ \_\_\_\_\_

A. Less discount for 5-7 coaches (above) \$5.00 each <\_\_\_\_\_>

B. Less discount for 8 or more coaches (above) \$10.00 each <\_\_\_\_\_>
(Use A or B – but not both)

TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_

Checks should be made payable to : NIKE Coach of the Year Clinics
C/O BRIAN HUGHES LI DIRECTOR
24 NORTH SHERIDAN AVE
BETHPAGE, NY 11714
516-513-1926 FAX: 516-299-3155
Site: www.nikecoyfootball.com