



PORTLAND COACH OF THE YEAR FOOTBALL CLINIC

Mail-In Registration Form

Contact Name: _____

School Name: _____

School Address: _____

Contact Phone: _____ Contact Email: _____

Coaching Staff Attending:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Please note: Email address is required for access to clinic webinar

Total Registration Amount: \$ _____

Payment Type: Check No. _____ (made payable to the OACA) -or-

Credit Card Number: _____ Exp: _____ CVV: _____

Billing Address: _____

Signature required for credit charge: _____

Please fill out and return to: Oregon Athletic Coaches Association
222 First Avenue West, Suite 220
Albany, OR 97321

or scan and email to: melissa@oregoncoach.org

For questions regarding this form, please call: 541-928-2700