



PORTLAND NIKE/OACA COACH OF THE YEAR FOOTBALL CLINIC REGISTRATION PURCHASE ORDER FORM

Contact Name: _____

School Name: _____

School Address: _____

Contact Phone: _____ Contact Email: _____

Single Coach or Multiple Coach Registration? _____

School Purchase Order Number: _____ Total Amount: _____

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

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. Please make checks payable to the OACA.