

# 2018-2019 NFCA COACHES CLINIC REGISTRATION APPLICATION

## Attendee(s) Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

School/Team \_\_\_\_\_

Position \_\_\_\_\_

**NFCA Member:** Y | N

To become an NFCA member visit [NFCA.org](http://NFCA.org)



## Coaches Clinic Pre-Registration

\$139 Per Person

\*Contact The NFCA for student pricing and pricing for groups 10+

## On-Site

\$149 Per Person

\*Contact The NFCA for student pricing and pricing for groups 10+

## Coaches Clinic Sites

### Advanced Chicago

November 30- December 1, 2018

\*Pre-Register on or before Nov. 28

### Chicago

January 4-5, 2019

\*Pre-Register on or before Jan. 2

### Louisville / Southern Indiana

January 4-5, 2019

\*Pre-Register on or before Jan. 2

### Minneapolis

January 18-19, 2019

\*Pre-Register on or before Jan. 16

### Nashville

January 18-19, 2019

\*Pre-Register on or before Jan. 16

### Charlotte

January 25-26, 2019

\*Pre-Register on or before Jan. 21

### Portland

January 25-26, 2018

\*Pre-Register on or before Jan. 21

### Kansas City

February 1-2, 2019

\*Pre-Register on or before Jan. 28

## Accepted methods of payment for NFCA Coaches Clinic registration

We accept official school purchase orders, checks, money orders, or credit cards.

- Check/M.O. Included
- Credit Card

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CSV \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_



Please send to: NFCA | 2641 Grinstead Dr. | Louisville, KY 40206

Call: 502.409.4600 | Fax: 502.409.4622 | Email: [events@NFCA.org](mailto:events@NFCA.org)

# NFCA

To register online visit [NFCAevents.org](http://NFCAevents.org)

TOTAL \$ \_\_\_\_\_

For more information, special hotel rates, or to register online visit: [NFCAevents.org](http://NFCAevents.org)