

Vermont Basketball Coaches' Association

Clinic Registration Form & Membership Dues

November 5 and 6, 2016

(This is an invoice)

Please print neatly and consider registering your entire staff

Coach's Name _____ School _____

Home Address _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

E-mail _____ (Please fill in neatly as we are trying to communicate via e-mail)

Circle Correct One:

Boys' Varsity Coach

Boys' Sub Varsity Coach (JV, Jr. High, Frosh, Asst.)

Retired

Other _____

Girls' Varsity Coach

Girls' Sub Varsity Coach

Retired

Other _____

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Clinic Registration (VBCA Member 40; Non Member \$50)

(Note: If you register at the door, fees go up by \$5) (Make copies for asst. coaches to register)

Name _____ School _____

Registration price includes a catered lunch. Please circle your choice:

Turkey Sandwich

Ham and Cheese Sandwich

Veggie Sandwich

Tuna Sandwich

A free VBCA clinic t-shirt will go to all who pre-register before **October 22nd**. Please check your size:

The Graphic Edge (formerly Keith's II) will provide the t-shirts

____ XXL ____ XL ____ L ____ M

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_____ VBCA Membership Dues (\$40)

_____ Clinic for member (\$40)

_____ Clinic for Non Member (\$50)

_____ Bulk Rate \$110 (Covers head coach and up to 4 assistants for each program (boys/girls) to attend the clinic. Use a separate form for each coach. This DOES NOT cover the membership dues.)

_____ Total Enclosed

Please check if you plan to attend Saturday, November 5, 4 p.m. UVM Women vs. St. Michael's

Please check if you plan to attend Saturday, November 5, 7 p.m. UVM Men vs. St. Michael's

Send to: Dave Fredrickson
 317 Silver Street
 Bennington, VT 05201

Any questions? Call 442-8075

Suggested topic(s) for trainer's presentation _____