



CHSCA

CONNECTICUT HIGH SCHOOL COACHES ASSOCIATION

ALL-SPORT CLINIC

AUGUST 16-18, 2010

REGISTRATION FORM

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

School Name: _____

NO REFUNDS AFTER AUGUST 10

REGISTRATION FEE

Clinic Registration Fee* (per person, prior to June 1, 2010) _____ x \$60.00 = \$ _____

Clinic Registration Fee* (per person, postmarked by August 10, 2010) _____ x \$80.00 = \$ _____

Clinic Registration Fee* (per person, at the door) _____ x \$100.00 = \$ _____

Clinic Registration Fee (Youth, Coach, Student) _____ x \$50.00 = \$ _____

Additional Picnic Ticket _____ x \$20.00 = \$ _____

**Includes one picnic ticket*

Total Amount of Registration Fees Enclosed: \$ _____

CEU re-certification courses will be offered on August 16 at Southington High School.
To register for these courses, go to ctcoachinged.org/CEU.html

ADDITIONAL INFO:

860-425-5512 or 860-628-4122

MAKE CHECKS PAYABLE TO:

Connecticut High School Coaches Association (CHSCA)

PLEASE MAIL TO:

Gary Makowicki, Norwich Free Academy

305 Broadway, Norwich, CT 06360

Please see our website CTHSSPORTS.COM for clinic schedule and additional information.