

Ohio Dominican University, Columbus, OH June 11,12 2016

**Registration Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach of Females: \_\_\_\_\_\_\_ Males: \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Varsity Coach: \_\_\_\_\_\_ Reserve: \_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle Division: I II III

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

School or Office Tele: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a teacher? Yes No

(Circle)

Have you attended the clinic before? Yes No T Shirt Size: S, M, L, XL ,XXL \_\_\_\_\_\_

Are you the new coach for this school's team for fall of 2016. Yes No

**Check those fees that you are paying:**

Pre Registration: Clinic Fee (Sat. & Sun.) $100.00 \_\_\_\_\_\_

Pre Registration: Saturday Only $75.00 \_\_\_\_\_\_

Early Bird Special: (Sat. & Sun.) Due by April 20 $90.00 \_\_\_\_\_\_

Walk in Registration Fee (Sat. & Sun.) $110.00 \_\_\_\_\_\_

Walk in Registration Fee (Sat. only) $80.00 \_\_\_\_\_\_

Total: $ \_\_\_\_\_\_

**Please Fill Out One Form For Each Person Attending**

Make Checks Payable to: Ohio Scholastic Soccer Coaches Association

Return the above portion and a check to:

Gary Avedikian

6520 Meadowbrook Circle

Worthington, OH 43085 **Return By: May 5, 2016 Check # \_\_\_\_\_\_\_\_\_\_**