

**2010 GARDEN STATE COACHES CLINIC
REGISTRATION FORM**

School or Program

Coach's Name

Address

City

State/Zip Code

Phone

Cell Phone

Email

Please pay by check, money order, or purchase order by Sept 17, 2010.
You will receive confirmation via email.

Make check payable to:
GARDEN STATE COACHES CLINIC

Mail check and registration to:
Garden State Coaches Clinic
PO Box 3717
Newark, NJ 07103
Attn: Candace Bradsher

NO REFUNDS AFTER SEPTEMBER 17, 2010

If space is available, payment at the door **MUST** be by money order, cash or credit card.
NO PERSONAL CHECKS will be accepted at the door.

CLINIC FEES (LUNCH IS INCLUDED)

\$125 per coach paid by September 17
\$110 each additional coach paid by September 17
\$135 per coach after September 17 or at the door if space is available.
No discount for additional coaches after SEPTEMBER 17.