



2024 PSFCA Clinic Registration Form

Head Coach Name & School _____

Home Address _____ School Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Home Phone _____ Home Phone _____

School Phone _____ School Phone _____

Email: _____ Email: _____

Assistant Coaches:

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | |

Clinic Fees

() Single = for a member who has paid a \$75.00 Membership=3 day Clinic Pass \$75.00

() Non-Member Single= for 3 day PSFCA= \$150.00

() One Day Pass Member = \$35.00 Non-Member = \$75.00

() Staff Rate for Members who has paid the \$75.00 Single membership = \$475.00 (15 Coaches Max)

() Non-Members Staff Rate= \$600.00 (15 Coaches Max)

Total Number of Coaches: _____ **Amount Paid:** _____

Please Make Check Payable to: PSFCA-Big 33 Kickoff Clinic

- ☐ Please return registration forms with payment to:
PSFCA-Big 33 5010 Ritter Rd. Suite 119 Mechanicsburg PA. 17055
- ☐ For information, please contact: Garry Cathell at: gcathell@big33.org or go to our website at: www.big33.org

Cancellation Policy: If you cancel 72 hours prior to the clinic, you will receive a full refund. If you need to cancel less than 72 hours prior to the clinic, you will receive a non-refundable credit memo of equal value which can be used toward any future clinic. For more information, please visit our web site at: www.big33.org