

## **Coaches Registration Form**

2024 PSFCA COACHES CLINIC February 15th-17th

## **Coaches Information**

| Head Coach Name   | & School : |
|---|------------|
| Email   | :          |
| School Address  |            |
| City/State/Zip  |            |
| Phone Number  |            |
| Assistant Coaches   | : 1.       |
|   | :          |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
| Coaches Clin  | ic Fees    |
| <ul> <li>Single, Member who has paid a \$75 Membership=\$75 for a 3 day clinic pass</li> <li>Single, Non-Member=\$150 for a 3 day Clinic pass</li> <li>Member-One day Clinic pass = \$30, Non-Member one day Clinic pass = \$75</li> <li>Members staff rate (paid \$75 single membership) = \$475 (15 Coaches Max)</li> <li>Non-Members staff rate= \$600 (15 Coaches Max)</li> </ul> |            |

Please remit Payment and this form to:
Make Checks payable to: PSFCA

PSFCA 5010 Ritter Rd, Suite 119 Mechanicsburg, Pa 17055 844-339-8033



