GROUP COACHES' EDUCATION COURSE

REGISTRATION FORM

This form should be completed and sent to the MIAA office by **coaches' groups** who wish to enroll in a MIAA Coaches Education course. Completed forms should be sent to:

MIAA Coaches' Education Registration
33 Forge Parkway
Franklin, MA 02038

FAX # 508-541-9888
TEL # 508-541-7997

Clinic Location _____ Date of Clinic _____

School System_____ School Telephone #_____

P. O. # _____

THE COST OF THE CLINIC IS $95.00 PER COACH

CANCELLATION POLICY: Cancellations received up to 72 hours before the clinic will be honored. If you do not cancel and do not attend, you are responsible for full payment.

(Please Print)

Name:	**Home Telephone** #

This form may be reproduced as needed. This form should not be sent to any location other than the MIAA office. ***Checks or P. O. #'s are required no later than the day of the clinic.***

Revised: June 2007