



INDIVIDUAL COACHES' EDUCATION COURSE REGISTRATION FORM

This form should be completed and used by **individuals** 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

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: _____
(First) (Last)

Address: _____
and Street

_____ City/Town State Zip

School System: _____

Telephone # () _____ () _____
Home Work

Location of clinic you wish to attend: _____

Date of clinic you wish to attend: _____

Method of Payment: Purchase Order # _____ Check # _____

THE COST OF THE CLINIC IS **TBD**

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.