



CLINIC REGISTRATION

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

TOTAL CLINIC FEE ENCLOSED: _____

Men's or women's coach? COACHES WHO WILL ATTEND - E-MAIL ADDRESS (FOR EACH COACH REQUIRED)

M W: _____

M W: _____

M W: _____

M W: _____

M W: _____

M W: _____

Make Check Payable to: Track Coaches Clinic
Clinic Tuition: \$110
(Registration at the door: \$120)

Return to: Iowa Track Coaches Clinic
2730 Graham St.
Ames, IA 50010

Clinic Registration must be paid to Track Coaches Clinic and sent to Iowa Track Coaches Clinic.
Hall of Fame Banquet registration is a separate form and must be sent to Tony Bussan (see Hall of Fame link).