



CLINIC REGISTRATION

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

TOTAL CLINIC FEE ENCLOSED: _____

COACHES WHO WILL ATTEND - E-MAIL ADDRESS (FOR EACH COACH **REQUIRED**)

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

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

Note: Online Registration ends Wednesday, Feb. 27, 2008.

You may also register at the door for \$120 on Friday, Feb. 29, 2008.

Clinic Registration Refund Policy: All refunds are subject to a \$25 processing fee.
No refunds after Feb. 22, 2008.