



# 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 per attendee  
(Registration at the door: \$120 per attendee)

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

**Register by Feb. 27, 2009 and save \$10**

**Note: Online Registration ends Thursday, March 5, 2009 at 5 p.m. (CST).**

You may also register at the door for \$120 on Friday, March 6, 2009.

**Clinic Registration Refund Policy:** All refunds are subject to a \$25 processing fee.  
No refunds after Feb. 27, 2009.