

2010 KENTUCKY FOOTBALL COACHES ASSOCIATION
SUMMER CLINIC REGISTRATION AT CENTRE COLLEGE
JUNE 24 AND JUNE 25, 2010

Print all information---each person must register and/or fill out this form

Your Name: _____ School: _____

Home Address: _____ C/S/Zip: _____

Email address: _____

Cell/Home Phone No. 1- ()-____-____ School Phone: 1-()-____-____

INDIVIDUAL CLINIC REGISTRATION (by June 1, 2010) \$ 60.00 _____

Late Registration (after June 1, 2010) \$ 75.00 _____

(You must be registered to attend KHSAA Rules Clinic)

Medical Symposium (paid by June 1, 2010) \$ 15.00 _____

Late medical symposium registration (after June 1, 2010) \$ 35.00 _____

CPR (paid by June 1, 2010) \$ 20.00 _____

(Please check one) New CPR attendee ____ Re-certification ____

CPR (paid after June 1, 2010) \$ 40.00 _____

TOTAL DUE \$ _____

SEND PAPER(S) AND CHECK (made out to the 2010 KFCA CLINIC) TO:

2010 KFCA Clinic
% Jimmie Reed
101 Bethany Court
Bardstown, KY 40004-2266

