



National High School Athletic Coaches Association
will host the

2009 NHSACA ANNUAL MEETING

June 20 – 24, 2009

Double Tree Park Place Hotel; Minneapolis, MN

REGISTRATION FORM

Name _____ Home Phone (_____) _____

E mail _____ Cell Phone _____

Home Address _____

City _____ State _____ Zip _____

School Address _____ School Phone _____

School Name _____ School City _____

Are you an AD or COTY Finalist? _____ No _____ Yes _____ If yes, which sport? _____

NO REFUND AFTER JUNE 10, 2009

GUEST FEE

Will your spouse or guest(s) attend any sessions? No _____ Yes _____ (If yes, include \$10.00 per person)

Number of guest(s) _____ x \$10.00 = _____

Name(s) _____

This information is needed to prepare admission name tags.

REGISTRATION FEE

EVERYONE (except guests) MUST PAY ANNUAL MEETING REGISTRATION FEE

| | |
|--|---------------------------|
| Annual Meeting Registration Fee/per person | \$100.00 = \$ _____ |
| 2 College Credits Leadership Class (June 20 & 21, 2009) | \$250.00 = \$ _____ |
| 3 College Credits "Sport Specific Coaching" (June 22-24, 2009) | \$350.00 = \$ _____ |
| Hall of Fame Luncheon, June 23, 2009 @ \$40.00 _____ | x \$40.00 = \$ _____ |
| Awards Night Banquet, June 24, 2009 @ \$40.00 _____ | x \$40.00 = \$ _____ |
| LATE REGISTRATION FEE (postmarked after June 1, 2009) | \$50.00 = \$ _____ |
| Guest Fee (from above) = | \$ _____ |
| Total Amount of Registration Fees Enclosed: | \$ _____ |

For more information please call:
507-696-7793 or 507-206-0449

Make checks payable to: NHSACA

Send to: Jerome Garry
NHSACA Executive Director
P.O. Box 5921
Rochester, MN 55903

Please see our website at hscoaches.org for hotel registration & other information