

MBCA FALL CLINIC
October 29th and 30th, 2010
Early Registration Form

Name(s) _____

School _____

E-Mail contact _____

School Phone _____

_____ Pre-Registrations @ \$90 \$ _____

_____ **Hall of Fame @ \$10** (1 per registered coach) \$ _____

_____ Additional Hall of Fame @ \$22 \$ _____

TOTAL Enclosed \$ _____

Make checks Payable to: **MBCA Clinic**

DEADLINE: TUESDAY, October 19 (\$110 after this date)

Remit to: Tom Critchley - MBCA Clinic

2660 Mackubin St.; Roseville, MN 55113 hctirc@earthlink.net

Registration is \$110 at the door. (Clip and Mail to address above)