

Volleyball Clinic Registration 2009  
July 29 & 30  
Saint Cloud State University

All Minnesota High School Coaches attending the volleyball clinic must be members of  
MSHSCA

Fill out the following information:

Name \_\_\_\_\_  
Preferred Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Preferred phone \_\_\_\_\_  
Preferred E-Mail \_\_\_\_\_  
High School Where you Coach \_\_\_\_\_

Competitive Section \_\_\_\_\_ A      A A      AAA

**HEAD COACH**

Clinic Fee	\$110.00
Membership Fee*	\$ 30.00
Sport Association Fee	<u>\$10.00</u>
TOTAL	\$150.00

Checks payable to MNVBCA

\*If you have coaches for 25 years or more you qualify for a Lifetime Membership, please check on website to see the requirements. [www.mnvbca.org](http://www.mnvbca.org)

**Assistant Coach**

Clinic Fee	\$110.00
Membership Fee*	\$ 30.00
Sport Association Fee	<u>\$ 5.00</u>
TOTAL	\$145.00

Checks payable to MNVBCA

\*If you have coaches for 25 years or more you qualify for a Lifetime Membership, please check on website to see the requirements. [www.mnvbca.org](http://www.mnvbca.org)

Out of State, College, Club coaches (membership is optional)

Clinic Fee Only	\$ 100.00	Checks payable to MNVBCA
Clinic Fee and Membership Fee	\$140.00	Checks payable to MNVBCA

Mail to Janet Golden-Landquist  
27524 Horseshoe Ave  
Park Rapids, MN 56470