

# 2017 PSFCA Clinic Registration Form

(Name and home addresses of all attendees must be listed and accompany payment.)

Head Coach Email: \_\_\_\_\_

**Head Coach Name & School** \_\_\_\_\_

Home Address _____	School Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Phone _____	Home Phone _____
School Phone _____	School Phone _____
Email: _____	Email: _____

**Assistant Coaches:**

- |          |           |
|----------|-----------|
| 1. _____ | 9. _____  |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

**Clinic Fees**

Coaches that have already joined by paying a 500.00 staff or a 125.00 individual membership will have no clinic cost. It has been built into your membership. Please email the PSFCA office (garrycathellpsfca@gmail.com) all who will be attending so that we can process a clinic badge.	<b><u>Single \$50 Member</u></b> Individual Three-Day Pass - \$85 One-Day Pass - \$50	<b><u>Staff Rate for \$50 Member</u></b> \$350 (\$25 additional after 6)
	<b><u>Single Non-Member</u></b> Individual Three-Day Pass - \$95 One-Day Pass - \$65	<b><u>Staff Rate for Non-Member</u></b> \$425 (\$40 additional after 6)

**Total Number of Coaches:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

## Please Make Check Payable to PSFCA Kickoff Clinic – No Credit Cards

- Please return registration forms with payment to:  
PSFCA 409 Ekin St. Elizabeth PA 15037
- For information, please contact: Garry Cathell (814) 360-4830  
[cathellgarry@hotmail.com](mailto:cathellgarry@hotmail.com)

**Cancellation Policy:** If you cancel 72 hours prior to the clinic, you will receive a full refund. If you need to cancel less than 72 hours prior to the clinic, you will receive a non-refundable credit memo of equal value which can be used toward any future clinic. For more information please visit our web site at: [www.psfca.mobi](http://www.psfca.mobi)