

2018 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

() Single = for member who has paid \$50.00 Membership=3 day PSFCA Member \$85

() Non-Member = for 3 day PSFCA \$95

() One Day Pass Member = \$50 Non-Member = \$65

() Staff Rate for Members who have paid the \$50.00 membership = \$350 (\$25 Each after 6)

() Non-Members = \$425 (\$40 Each after 6)

***Those Coaches who have taken advantage of the membership and clinic sign up should contact the PSFCA office with the staff members that are attending the clinic.

Total Number of Coaches: _____ Amount Paid: _____

Please Make Check Payable to PSFCA Kickoff Clinic

- 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

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