



MBCA FALL CLINIC
October 27th and October 28th, 2017
Registration Form

Name(s) _____

School _____

E-Mail contact _____

School Phone _____

_____ 1-4 Coaches from one staff @ \$110 \$ _____

_____ 5 or more Coaches from 1 staff @ \$100 \$ _____

TOTAL Enclosed \$ _____

Make checks Payable to: **MBCA Clinic**

DEADLINE: Wednesday, October 18, 2017 (\$125 after this date)

Remit to: Tom Critchley - MBCA Clinic

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

Registration is \$125 at the door. (Mail to address above- **DO NOT STAPLE CHECKS TO REGISTRATION**)