MBCA FALL CLINIC
October 24th and October 25th, 2025
Registration Form

Name(s) _____

_____

_____

_____

School _____

E-Mail contact _____

Cell Phone _____

_____ 1-3 Coaches from one staff @ $140 each $_____

_____ Additional Coaches from 1 staff @ $120 each $_____

TOTAL Enclosed $_____

Make checks Payable to: **MBCA Clinic** (**DO NOT STAPLE CHECKS TO FORM**)

Online Registration: https://mshsca.org/boysbasketball

EARLY REGISTRATION DEADLINE: Tuesday, October 14, 2025 ($145 after this date and at the Door)

Remit to:

Tom Critchley - MBCA Clinic

2660 Mackubin St.; Westwood Village 1; Roseville, MN 55113

hctirc@earthlink.net