

2017 REGISTRATION APPLICATION

PLEASE PRINT CLEARLY (Copy registration form as needed.)

PARTICIPANT(S) INFORMATION

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) () _____ ☐ Adult ☐ Student

EMAIL _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) () _____ ☐ Adult ☐ Student

EMAIL _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) () _____ ☐ Adult ☐ Student

EMAIL _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

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EMAIL _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) () _____ ☐ Adult ☐ Student

EMAIL _____

REFUND POLICY

Please request a refund (less \$20 for handling) in writing via email, fax or mail 10 days prior to the start of the clinic. After that, no refunds will be issued. Substitutions are allowed by contacting NSC in advance.

NO VIDEO RECORDING ALLOWED

WWW.NATIONALSPO RTSCLINICS.COM

PHONE: 913-724-8700

FAX: 913-724-8756

EMAIL: STAFF@NATIONALSPO RTSCLINICS.COM

CLINIC PRE-REGISTRATION FEES

\$130/adult 1-9 coaches

\$120*/adult 10+ coaches

\$75/student (full-time age 23U)

*If number in group drops below 10, regular rate will apply.

AT-THE-DOOR

\$140/adult

\$75/student (full-time age 23U)

Total number attending

_____ adult(s) _____ student(s)

_____ adult(s) _____ student(s)

_____ adult(s) _____ student(s)

_____ adult(s) _____ student(s)

_____ adult(s) _____ student(s)

_____ adult(s) _____ student(s)

_____ adult(s) _____ student(s)

Total \$ _____

Please register for only one clinic per form

Advanced Chicago — Dec. 2-3, 2016

Pre-registration due by 5 p.m. CST Nov. 30

Chicago — Jan. 6-7, 2017

Pre-registration due by 5 p.m. CST Jan. 4

Minneapolis — Jan. 13-14, 2017

Pre-registration due by 5 p.m. CST Jan. 11

Portland — Jan. 13-14, 2017

Pre-registration due by 5 p.m. CST Jan. 11

Advanced Charlotte — Jan. 20-21, 2017

Pre-registration due by 5 p.m. CST Jan. 18

Nashville — Jan. 20-21, 2017

Pre-registration due by 5 p.m. CST Jan. 18

Kansas City — Jan. 27-28, 2017

Pre-registration due by 5 p.m. CST Jan. 25

Accepted methods of payment for clinic registrations

We accept official school purchase orders, checks, money orders or credit cards.

This completed form should accompany a purchase order, check or money order.

Please send to: National Sports Clinics • P.O. Box 369 • Basehor, KS • 66007

VISA M/C DISC

Exp. Date: ____/____ 3-digit code on back _____

Cardholder's Name _____

Cardholder Signature _____



DID YOU KNOW...

- You may register **online** using a credit card.
- For confirmation, enclose a SASE postcard/envelope.
- This form must accompany purchase order.
- Receipts will be available at the clinic.
- You may want to copy this form for your records.
- Room reservations are made directly with the hotel.