

MIVCA March 8 & 9, 2019 CLINIC REGISTRATION FORM

Registration Deadlines: Mail Deadline Postmark March 1, 2019

Registration Online deadline March 4, 2019

After March 1 Late Fee, and Day of Clinic Late Fee is \$20

This form is for **CLINIC REGISTRATION**

School Name: _____

Division of HS: I II III IV

City: _____ Zip _____

County School Located: _____ Region _____

Name of person filling out this form _____

Send payment & this entire form to: **\$ 165.00** First Clinic Fee
MIVCA Clinic **\$ 75.00** Second Coach
1313 Leisure Drive _____ \$50 Coach 3-10
Flint, MI 48507 _____ AVCA \$70 each
_____ MHSCA \$5 each
School Membership Included

\$ _____ Total Enclosed

CLINIC FEE

\$165 for First Coach Includes School MIVCA, MHSCA

\$75 for second Coach

\$50 each for 3 – 10 Coaches

Include info for all coaches, even those not going to clinic. School membership will allow you to add coaches up until Oct. 1, 2019

Optional Add: (for each Coach)

\$5 for Mich. HS Coach Assoc. for Coaches 2-10 (MHSCA)

\$70 for AVCA Membership

**** A unique individual E MAIL ADDRESS is REQUIRED for EACH coach.** This is necessary so that each coach will receive MIVCA Communications and be able to participate in online surveys or voting.

1. Varsity Head Coach:

Name _____

Email (REQUIRED) _____

Mailing Address (Required) _____

City _____ State _____ Zip _____

Phone/Cell: (_____) _____

Total years coaching volleyball _____

Add for this coach: Clinic MIVCA MHSCA "AVCA

2. Name _____

Email (REQUIRED) _____

Mailing Address (Required) _____

City _____ State _____ Zip _____

Phone/Cell: (_____) _____

Total Years coaching volleyball _____

Add for this coach: ""Clinic ""MIVCA ""MHSCA ""AVCA

Coaching Level for 19-20 Season (Required)

Circle all that apply

Varsity Assistant JV Freshman
Middle School Elementary
AD Official Retired Other

3. Name _____

Email (REQUIRED) _____

Mailing Address (Required) _____

City _____ State _____ Zip _____

Phone/Cell: (_____) _____

Total Years coaching volleyball _____

Add for this coach: ""Clinic ""MIVCA ""MHSCA AVCA

Coaching Level for 19-20 Season (Required)

Circle all that apply

""Varsity Assistant JV Freshman
""Middle School Elementary
""AD Official Retired Other