

2016 Clinic Registration

Last-Name: _____ First _____

Home Address: _____

City: _____ State _____ Zip _____

Coaches Phone: _____

Name of School: _____

Class _____

Head-Coach _____ Assistant _____ J.V. _____ Youth _____ Years _____

Career Record _____

Email Address: _____

Coaching Position _____

School Address: _____

School Phone _____

City: _____ State _____

Zip _____

Pre Registration and Membership 80.00

Clinic Fee at the Door and Membership 90.00

Life Members Clinic Fee 60.00

Life Membership 150.00

Please

Check: Renewal _____ New Member _____

Make Checks Payable to: MHSBCA

Mail to: Dave Elliott

2157 South Van Buren

Reese, MI 48757