



# TRI STATE FOOTBALL COACHES CLINIC REGISTRATION FORM



NAME OF SCHOOL: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PRE-REGISTRATION: \$40 RATE AVAILABLE NOW THROUGH MARCH 8 == REGISTRATION AT THE DOOR: \$50 RATE**

COACH NAME	AMOUNT DUE	
1	\$40.00	
2	\$40.00	
3	\$40.00	
4	\$40.00	
5	FREE	\$160 TOTAL FOR 5 COACHES
6	\$40.00	
7	\$40.00	
8	\$40.00	
9	\$40.00	
10	FREE (PLUS \$20 DISCOUNT)	\$300 TOTAL FOR 10 COACHES
11	\$25	
12	\$25	
13	\$25	
14	\$25	
15	\$25	

TOTAL REGISTRATION DUE \$ \_\_\_\_\_

Mail completed registration and/or payment to:

Mercury Sports  
Attn: TSFCC  
408 Carpenter Street  
Evansville, IN 47708

Fax form to : 812-422-3652

Email form to: [dcato@mercurysportsllc.com](mailto:dcato@mercurysportsllc.com)

Credit Card Payment: Call Mechelle at  
(812)422-9066