



OFFICIAL
2012
ILLINOIS HIGH SCHOOL
FOOTBALL COACHES ASSOCIATION/
UNIVERSITY OF ILLINOIS
CLINIC
MARCH 29, 30, & 31, 2012

★ FEATURING ★

★ Outstanding Featured Speakers.

★ Ron Zook—Head Coach, University of Illinois

★ Illinois Football Staff conducting both clinic sessions and on the field demonstrations

★ 28 High School clinicians representing state championship
and state runner-up playoff teams

★ Division 1, 1AA, N.A.I.A. and Division 3 College Coaches

★ Strength Program Speaker and Demonstrations

PLUS

★ 46 vendors with the newest in uniforms, equipment, supplies and technology

★ Thursday night Coaches Chalk Talk and social

★ Friday Beer and Brat Fest

★ IHSFCA Award Ceremony for Football playoff teams

★ Fellowship of Christian Athletes Breakfast

★ Illinois High School Football Coaches Hall of Fame

★ Illinois scrimmage or practice

Go to www.fightingillini.com/camps for football clinic information or to register on-line (with a credit card). If you need further help or would like to register by phone, call the University of Illinois Sport Camps & Clinics Office at 217-244-7278.

CLINIC REGISTRATION INFORMATION

REGISTRATION FEE

No refunds after March 19, 2012 • \$75 pre-registration; \$85 at the door

Includes: IHSFCA Membership, Hall of Fame Banquet, Friday Cookout, Breakfast, Clinic CD & Social Hour

***Note: Check, money order or credit card payment must accompany this registration form.
Make checks payable to University of Illinois.***

A P P L I C A T I O N

Please Print

Name of High School _____
School Address _____
City _____
State _____ Zip _____
Contact _____
Daytime Phone (____) _____ E-mail _____

Names of Coaches who will attend the clinic

1. _____ 7. _____
2. _____ 8. _____
3. _____ 9. _____
4. _____ 10. _____
5. _____ 11. _____
6. _____ 12. _____

Complete and return the application with full payment.

- \$75/Coach - Pre-registration (*Clinic Fee & IHSFCA Dues*)
 \$85/Coach - At door (*Clinic Fee & IHSFCA Dues*)

Amount Enclosed: _____

Method of payment: Cash Check Money Order

Credit Card:

- Mastercard Visa Discover American Express

Credit Card # Exp. Date V-code

Make check payable to: University of Illinois
For more information please phone: 217-244-7278

Mail To:

Sport Camps & Clinics
University of Illinois
1700 South Fourth Street
Champaign, IL 61820