



**2009 Notre Dame Coaches' Clinic
Thursday, March 26 – Saturday March, 28
Registration Form**

Name_____	List of Coaches Attending and T-shirt Size:
Home Address_____	1. _____
City, State, Zip_____	2. _____
Daytime Phone_____	3. _____
School Name_____	4. _____
School City, State, Zip_____	5. _____
E-mail Address_____	6. _____
T-Shirt Size (circle one) L XL XXL XXXL	7. _____

Travel Arrangements & Hotel Accommodations
For your travel arrangements, call Mark or Tim at Anthony Travel 800/366-3722.

Clinic Preferred Hotels	Holiday Inn City Center	574/232-3441
	Varsity Clubs of America	574/277-0500
	Spring Hill Suites	574/271-0832

Payment Information (must be postmarked by March 15, 2009)

\$65 Prepaid
Method of Payment: Check ____ Credit Card ____ (Fill out info below)

\$80 Walk-In

\$50 For groups of 8 or more (must be postmarked by **March 15, 2009**)
Number of coaches attending ____
Method of payment: Check ____ Credit Card ____ (Fill out info below)

\$30 (Saturday only)
Method of payment: Check ____ Credit Card ____ (Fill out info below)

Please circle one Visa MasterCard AmEx Card # _____

Name on Card _____ Total: \$ _____

Exp. Date _____ Signature _____

How to Register
For more information:
www.und.com/coachesclinic
(Registration form available to print online)
Mail Notre Dame Coaches Clinic
 Attn: Chad Klunder
 P.O. Box 518
 Notre Dame, IN 46556

Payment Methods
We accept Visa, MasterCard, American Express,
personal or school checks and money orders.

*All payments must be in US funds.
****Do not fax or e-mail registration forms****

Questions? Fbclinic@nd.edu or call 574/631-8643