



**2010 Notre Dame Coaches' Clinic
Thursday, April 15 – Saturday April 17
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 574-631-3286.

Clinic Preferred Hotels	Ramada Plaza Downtown	574-232-3941
	Varsity Clubs of America	574-277-0500
	Marriott South Bend	574-234-2000
	Ivy Court Inn & Suites	574-277-6500
	Waterford Estates	574-272-5220

Payment Information (must be postmarked by April 7, 2010)

\$65 Prepaid

Method of Payment: Check ____ Credit Card ____ (Fill out info below)

\$80 Walk-In

\$50 For groups of 6 or more (must be postmarked by April 7, 2010)

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.NDCoachesClinic.com

(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.

*All payments must be in US funds.

****Do not fax or e-mail registration forms****

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