



**9th Annual USC/ Nike
Coach of The Year Clinic
February 24th - February 25th 2012
www.CampKiffin.com**



Registration

Name: _____

Mailing Address: _____

City: State: Zip Code: _____

School or Organization: _____

Home Phone # (____) _____ Work # (____) _____ Cell # (____) _____

E-MAIL Address (VERY IMPORTANT) : _____

Circle One: **.Full Clinic** (Friday & Saturday - \$130) **. One-Day Clinic** (Friday- \$85) **. One-Day Clinic** (Saturday- \$85)
. Full Clinic W/ Staff Discount (Friday & Saturday- \$105 per person) 5 Coaches or More Sign Up Together and Receive \$25 Off Per Coach.

Additional Staff Members or Registrants:

1. _____
2. _____
3. _____
4. _____
5. _____

Methods of Payment

1. Cash
2. Check or Money Order (Make payable **to Win Forever Camps & Clinics**)
3. CREDIT CARD (**Visa / Mater card / AMEX**)

Full Name (as it appears on card) _____

Card Type: _____

Card Number: _____

CVV2# ____ ____ ____ (3 Digit Number Located on the back of the card in the signature box)

Expiration Date: _____

*50 % Refund before February 10, 2012. NO REFUND after that date

Payments should be mailed to:
Win Forever Camps & Clinics
3501 Watt Way, Heritage Hall 203B, Los Angeles, CA 90089
Attn: Mark Jackson
OR FAX to (213) 821-2472