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COACH SEMINAR SERIES

REGISTRATION FORM

Please MAIL or FAX completed form.
Online registration form available at our website.
GROUP BOOKING ON REVERSE SIDE

FOR OFFICE USE
Coach ID #

SEMINAR DETAILS

DATE/TIME	DATE: Monday, December 5, 2011 REGISTRATION: 6:30 PM PRESENTATION: 7:00 – 9:00 PM
LOCATION	Ontario Minor Hockey Association Office 25 Brodie Drive, Unit 3 Richmond Hill, ON Maps to the location can be accessed through our website, or by following this link (map).
PAYMENT	Personal Cheque, Money Order, Visa or MasterCard <i>Make cheques payable to: Roger Neilson's Coaches' Clinic</i>
COST	\$35 Price includes a copy of Dave Chambers' 'The Great Book of Inspiring Quotations' (\$35 value), a practice planning drill pad, pen, \$50 discount towards RNCC 2012 (Windsor, ON) and refreshments.

COACH'S INFORMATION

FIRST NAME	LAST NAME	DATE OF BIRTH MM / DD / YY / /	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	CITY	PROV / STATE	COUNTRY	POSTAL / ZIP CODE
HOME PHONE	WORK PHONE	CELL	FAX	
EMAIL				TOTAL YEARS COACHING EXPERIENCE

TEAM AFFILIATION

CURRENT TEAM	POSITION (ie. Head Coach)	LEVEL
LEAGUE	HIGHEST CERTIFICATION ACHIEVED?	WOULD YOU LIKE US TO SEND ADDITIONAL BROCHURES FOR OTHER COACHES OR PLAYERS WHO MIGHT BE INTERESTED IN ATTENDING ONE OF OUR PROGRAMS? <input type="checkbox"/> YES, please send me X _____ brochures

ADDITIONAL INFO

HAVE YOU EVER ATTENDED RNCC in Windsor? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN DID YOU LAST ATTEND?	HOW DID YOU HEAR ABOUT RNCC IE: THE HOCKEY NEWS, ETC.
WILL ASSOCIATES BE ATTENDING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU INTERESTED IN ATTENDING RNCC JUNE 8-10, 2012? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE	NOTE: You will receive a \$50 discount off the cost of RNCC at the time of registration. Valid only on full priced registrations.

Roger Neilson's Coaches' Clinic (June 8-10, 2012) is officially sanctioned by the OMHA as a 'Specialty Conference' accrediting attendees with a **FULL 20 CREDIT ALLOTMENT** towards its Continuing Education Program (CEP).

PAYMENT INFORMATION

FULL PAYMENT is required at the time of registration. Applications will not be considered unless accompanied by payment via **Cheque, Visa or MasterCard**. Cheques should be made out to **Roger Neilson's Coaches' Clinic**. All Credit Cards will be billed in Canadian funds. U.S. checks will be honored 'at par'. Registrations will only be processed when a valid credit card number is provided (or receipt of cheque). You will be sent a reminder email and receipt by email ahead of the event date.

PAYMENT TOTAL	PAYMENT TYPE <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC	PAYMENT IN FULL REQUIRED
CARD NUMBER	EXPIRY DATE MM / YY /	
CARD HOLDER	SIGNATURE	

TERMS & CONDITIONS

There are no refunds for cancellations within 1 week of the event date. At the sole discretion of the Clinic Director, cancellations may be given a credit towards a future clinic.

There is a limit of 40 seats for the event on December 5, 2011. Space will be reserved on a first registered, first served basis.

In signing this application, you are certifying that you have read and understood the conditions of this application and agree to abide by the terms.

PARTICIPANT'S SIGNATURE	DATE
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