

2007 FALL CLINIC REGISTRATION & LODGING REQUEST

CLINIC REGISTRATION

SCHOOL/TEAM NAME _____

COACH 1 _____

COACH 2 _____

COACH 3 _____

COACH 4 _____

COACH 5 _____

COACH 6 _____

CLINIC FEE

CLINIC FEES >>> NUMBER OF COACHES x \$40.00 = SUB-TOTAL _____

LODGING REQUEST

ROOM TYPES AND PRICE

(Prices are PER PERSON! Please indicate room mates below so we can have room keys and entry key cards ready prior to clinic.)

Room Type 1- 1 PERSON PER ROOM \$27.00 PER PERSON

Room Type 2- 2 PEOPLE PER ROOM \$22.00 PER PERSON

ROOM TYPE	COACH NAME 1	COACH NAME 2
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LODGING FEES >>> # OF ROOM TYPES x # OF COACHES IN ROOM = ROOM 1 SUB-TOTAL _____

ROOM 2 SUB-TOTAL _____

ROOM 3 SUB-TOTAL _____

ROOM 4 SUB-TOTAL _____

<p><i>Make checks payable to:</i> MGHCA</p> <p><i>Return this form to:</i> MGHCA Attn: Executive Director PO Box 120788 New Brighton, MN 55112</p>
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TOTAL CLINIC & LODGING FEES _____

IMPORTANT: ALL LODGING REQUESTS MUST BE MADE IN ADVANCE!!! THE NUMBER OF ROOMS AVAILABLE IS VERY LIMITED!!!