

2020 PSFCA Clinic Registration Form

(Name and home addresses of all attendees must be listed and accompany payment.)

Membership Code: _____

Head Coach Name & School _____

Home Address _____	School Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Phone _____	Home Phone _____
School Phone _____	School Phone _____
Email: _____	Email: _____

Assistant Coaches:

1. _____	9. _____
2. _____	10. _____
3. _____	11. _____
4. _____	12. _____
5. _____	13. _____
6. _____	14. _____
7. _____	15. _____
8. _____	16. _____

Clinic Fees

() Single = for member who has paid \$50.00 Membership=3 day PSFCA Member \$90

() Non-Member = for 3 day PSFCA \$100

() One Day Pass Member = \$55 Non-Member = \$70

() Staff Membership = \$350 (All staff members included)

() Non-Members = \$500 (All staff members included)

*****Those Coaches who have taken advantage of the \$125 and \$500 memberships are asked to contact the PSFCA office with the staff members that are attending the clinic. The email address is listed below.**

Total Number of Coaches: _____ Amount Paid: _____

Please Make Check Payable to PSFCA Kickoff Clinic

- Please return registration forms with payment to:
PSFCA 1840 Fishburn Rd. Hershey Pa. 17033
- For information, please contact: Garry Cathell (814) 360-4830
- garrycathellpsfca@gmail.com

Cancellation Policy: If you cancel 72 hours prior to the clinic, you will receive a full refund. If you need to cancel less than 72 hours prior to the clinic, you will receive a non-refundable credit memo of equal value which can be used toward any future clinic. If inclement weather the day of you will be reimbursed your clinic fee. For more information please visit our web site at: www.psfca.net

