

COACHING CLINIC REGISTRATION FORM

Use this form to register for a SAC HC Coaching Clinic such as the Ice Breaker.

Print form and mail to Soccer Association of Columbia/Howard County, 4560 Centennial Lane, Ellicott City, MD 21042 Attn: Office Manager. Include any appropriate payment with your registration.

Coaching Clinic Name: _____ Dates: _____

Attendee's Name: _____

SAC HC Team Name: _____ Age Group: _____

Attendee's E-mail Address: _____

Attendee's Phone Number: _____