

IBCA Clinic Registration

April 27 & 28, 2007

Indianapolis Lawrence North High School

School Name:	School Address: _	_ School Address:					
Circle One: Boys or Girls or Former Coad Media Rep Official	n	Circle One: District 1 District 2 District 3		Email Address:			
Name	Coaching Le	vel Membe	ership Number	Member Fee (\$40)		Non-Member Fee (\$60)	
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How many coaches in y	your program are IBC	A Members?	Total Fee:				
The Hilton (Indpls. North—fo This hotel is located 5 minute Room Rate is \$89.00 for dou	Reserv by Apr To rece	ations: call 317-849-66 il 5, 2006 ive this special rate, yo nention that you are a	568 ^F	6450 Rt. 6			
AWARDS REGISTR	ATION FORM	membe	er of the IBCA.		Make Check	s Payable To: IBCA	
Postmark Deadline: April 10 Coaches will receive awards Fri plaques at the clinic. Coaches v List below any IBCA MEMBER w	day April 27th, 2006. Retiring who receive an award for win	ning 100 games are eli	gible for another award e	each time they reac	h another centui	ry mark.	
Name	School	City	Coaching Level	Boys or Girls	Years of Serv	rice	