Manitoba Soccer Association Inc.
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# COACHING CLINIC REGISTRATION

**Name:**_____ **Phone: (h)**_____ **(w)**_____
first last

**Address:**_____**Postal Code**_____
City

**Date of Birth:** _____/_____/_____ **NCCP** (coaching passport) **# CC.** ___/___/___/___/___/___/___/___
day month year

**District/Association:** _____ **Community Club:**_____

**Email:** _____

**Years Coached:** _____ **Age & Level Currently Coaching:** _____

**Are you:** Canadian Forces ❑ RCMP ❑ Aboriginal Descent ❑ Male ❑ Female ❑

**Education:** High School ❑ College ❑ University ❑ Language English ❑ French ❑

## *I am registering for the following Coaching Clinic (check one)*

| Active Start ($15) ❑ | FUNdamentals ($30) ❑ | Learn to Train ($75) ❑ | Active for Life ($100) ❑ |
|---|---|---|---|
| (Non-member - $21) | (Non-member $42) | (Non-member $105) | (Non-member $140) |
| *(3 hour introductory)* | *(4 Hour Course)* | *(12 Hour Course)* | *(12 Hour Course)* |

**LOCATION:**_____ **DATES:**_____ - _____
Facility Day 1 Day 2

## REGISTRATION BY MAIL OR IN-PERSON TO MSA OFFICE – MUST INCLUDE FEE

- *REGISTRATION CLOSES 1 WEEK PRIOR TO THE FIRST DAY OF THE CLINIC THEREFORE THE REGISTRATION FORM & FEE MUST BE RECEIVED AT THE MSA OFFICE AT THAT TIME*
- ONLY 20 PARTICIPANTS WILL BE REGISTERED FOR EACH CLINIC
- NO REFUNDS ARE PROVIDED SHOULD YOU WITHDRAW FROM THE CLINIC WITHIN 5 DAYS OF THE CLINIC DATE.

**I consent to the collection and disclosure of my personal information for the purposes set out in the MSA privacy policy.**

**SIGNATURE** _____ **DATE** _____

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