

School Info:

School Name: _____

School Address: _____

School City, State, Zip: _____

Coaching Staff:

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

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*****See below for pricing. Clinic fees must be received by September 5th if mailed.*******Mail-In Pricing (includes \$10 processing fee):**

1 Coach = \$60	4 Coaches = \$110	7 Coaches = \$145	10 Coaches = \$170	13 Coaches = \$185
2 Coaches = \$85	5 Coaches = \$125	8 Coaches = \$155	11 Coaches = \$175	14 Coaches = \$190
3 Coaches = \$100	6 Coaches = \$135	9 Coaches = \$165	12 Coaches = \$180	15 Coaches = \$195

**Please mail this form with a check payable to IBCA to:
IBCA Membership Office, 800 McHenry Ave, Ste L, Crystal Lake, IL 60014**