

## Coaches Clinic Registration Form

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

What team do you coach? \_\_\_\_\_

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Location of Clinic \_\_\_\_\_ Date of Clinic \_\_\_\_\_

### **Please complete and mail this form**

#### **For CA Clinics:**

Mail to: Playmakers, 1650 Klamath River Drive, Rancho Cordova CA 95670

For Questions: Coach Roeszler - [coachroz@theplaymakers.org](mailto:coachroz@theplaymakers.org), 916-220-1284

#### **For Omaha Clinics:**

Mail to: Donna Miesbach, 2805 S. 161 Plaza, Omaha NE 68130

For Questions: Donna Miesbach – [dmiesbach@tconl.com](mailto:dmiesbach@tconl.com), 402-330-2474

