

**IOWA GIRLS COACHES ASSOCIATION SOFTBALL CLINIC
APRIL 17, 2010**

PRE-REGISTRATION DEADLINE: APRIL 9, 2010

Late registrations will not receive a door prize.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER (____) _____

LEVEL OF COACHING:

Head Coach _____ Assistant _____ Freshman Team _____

Middle School _____ Club or Park & Rec _____ Parent _____

Career Coaching Record: W _____ L _____

Number of Years Coaching Softball _____

SCHOOL _____

Coaches E-MAIL _____

CLINIC FEE: \$45 Per Coach

Make checks payable to: *Iowa Girls Coaches Association*

NO PURCHASE ORDERS PLEASE

MAIL REGISTRATION FORM AND CHECK TO:

IGCA: Joy Gross
IKM-Manning High School
209 10th St.
Manning, IA 51455

Contact Joy Gross:
School Phone: (712) 655-3781
E-mail: jgross@ikm-manning.k12.ia.us

****THIS FORM MUST BE DUPLICATED FOR EACH COACH REGISTERING****

**2010
IOWA GIRLS
COACHES
ASSOCIATION
SPRING
SOFTBALL
CLINIC**

**Clinic Location:
Johnston Middle School
6207 62nd Ave
Johnston, Iowa 50131**



Sponsored By:

**The Iowa Girls
Coaches Association**
www.iagca.org

