



2024 AVCA Coach of the Year Virtual Super Clinic Registration Form

EVENT DATES: JULY 26 – JULY 31, 2024

(Primary)

Name: _____

Job Title: _____

School Name: _____

School Address: _____

City/State/ZIP: _____

Email Address (required): _____

Phone Number: _____

Mobile Number: _____

This year's Super Clinic will be hosted VIRTUALLY
by the AVCA HIGH SCHOOL LEADERSHIP COUNCIL in partnership with COACHES INSIDER
EMAIL YOUR EVENT AND REGISTRATION QUESTIONS TO: highschoolcoaches@avca.org.

2024 Super Clinic Options		<u>AVCA</u> <u>Current</u> <u>Individual</u> <u>Member</u>	<u>ALL</u> <u>Individual</u> <u>NON-Members</u>	<u>^^</u> <u>Group</u> <u>Registration for</u> <u>3 Coaches</u>	<u>TOTAL</u>
Registration Options: <i>*Includes post-event access to clinic session recordings and other content</i> Group Registration for 3 Coaches: <i>^^Coach completing the group registration for 3 coaches MUST be an active AVCA Member.</i>	Virtual Early Registration (Ends June 23)	\$79*	\$99*	\$180*^^	
	Virtual Pre-Registration (June 24-July 25)	\$99*	\$119*	\$240*^^	
	Virtual Late Registration (July 26-Oct 1)	\$129*	\$129*	\$330*^^	

Payment Options (Check One):

___ Pay by **Cash** ___ Pay by **Check** **made out to 'AVCA'** ___ Pay by **Credit Card** ___ Visa ___ MasterCard ___ Discover ___ AMEX

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____



Send this form and payment to:

AVCA, c/o Kennedy Wells, 2365 Harrodsburg Rd., Suite A325, Lexington, KY 40504; Fax: (859) 317-4212

The 2024 AVCA Super Clinic is organized and hosted by the AVCA High School Leadership Council in partnership with Coaches Insider. The AVCA does NOT accept purchase orders. Please include payment with the registration form. **Make checks payable to: AVCA.**

Each individual registration must be on a separate membership form.

FOR GROUP REGISTRATION ONLY –
Coach completing the group registration MUST be an active AVCA Member.

COACH #2

Name: _____

Job Title: _____

School Name: _____

School Address: _____

City/State/ZIP: _____

Email Address (required): _____

Phone Number: _____

Mobile Number: _____

COACH #3

Name: _____

Job Title: _____

School Name: _____

School Address: _____

City/State/ZIP: _____

Email Address (required): _____

Phone Number: _____

Mobile Number: _____