



2019 New England Football Coaches Clinic presented by



2019 Registration Form

School: _____

First Name: _____ Last Name: _____

Title: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Attendee Names (*please print clearly*):

First Name, Last Name:

First Name, Last Name:

First Name, Last Name:

First Name, Last Name:

First Name, Last Name:

First Name, Last Name:

First Name, Last Name:

First Name, Last Name:

Payment enclosed:

Attendees x \$100 (less than four) = \$ _____

Staff of four = \$350

Additional staff members over four @ \$75 each = \$ _____

Youth Coach @ 75 each = \$ _____

Youth Coaching Staff (4-6 coaches) = \$300

TOTAL FEE ENCLOSED = \$ _____

Make checks payable to: NPS LLC

Print out form and mail to:

New England Football Coaches Clinic
One Patriot Place, Foxborough, MA 02035