



**NYSHSFCA CLINIC RESERVATION FORM**  
**Bring Your Entire Coaching Staff to Promote NY State Football!**



# NYSHSFCA

New York State High School Football Coaches Association

**19th Annual**  
**New York State High School Football Coaches Association Clinic**

**February 7-8-9, 2019 - at Turning Stone Resort**  
**Registration Opens at 4:30 p.m. on 2/8/2019**

Print & fill out all areas:

Name of School: \_\_\_\_\_ Section: \_\_\_\_\_ Head Coach: \_\_\_\_\_  
 School Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
 School Telephone: (\_\_\_\_\_) \_\_\_\_\_

Please List ALL Attendees:

<u>PRINT NAMES</u>	<u>E-MAIL</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

- Please Check Appropriate Box -

Complete Clinic	Friday Day	Member	Non- member	Amount:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**2019 Registration Fees**

	<u>Member</u>	<u>Non- Member</u>
<b>Complete Clinic</b>	<b>\$90</b>	<b>\$120</b>
<b>Friday Only</b>	<b>\$75</b>	<b>\$105</b>

*Non-member rate includes a membership to NYSHSFCA.*

**Membership: Jan. 1st-December 31st**

For Additional Names, Attach Extra Sheet

Total Amount: \_\_\$

**REGISTRATION AND PAYMENT CAN BE COMPLETED ONLINE @ NYSHSFCA.WILDAPRICOT.ORG**

Check, Money Order, or PO # must accompany reservation form & make payable to NYSHSFCA.

**Mail to: Bonnie Mangicaro, Treasurer, 7170 Opal Drive, Liverpool, NY 13088, e-mail: b.mangicaro@me.com, Phone: 315-409-9730**

**No Refunds, unless requested 48 Hours prior to opening session.**

Reserve your rooms soon as we anticipate an overflow turnout! Special Room Rates: Turning Stone Resort Phone 1-800-771-7711 \$128/per night  
**Bring your School District Tax ID # and present at hotel check-in to Avoid Paying Sales Tax for Hotel Room**

Lyle Dixon, Executive Director/Clinic Director- jldixon13@gmail.com

Greg Sirico, Clinic-Co-Director, Section 9 \_gsirico@wvcsd.org