



COACH OF THE YEAR CLINICS

Coach of the Year Football Clinics

Registration Form

February & March 2025 | www.coyfootballclinics.com

Coach Name: _____ School Affiliation: _____

Address: _____ City/State/Zip: _____

Contact Phone: _____ Email Address: _____

Must Circle One: **Atlanta** | **Las Vegas** | **New England** | **Orlando** | **Portland** | **Tunica**

Name(s) of ALL Coach(es) Attending:

Email Address of Each Coach (*Mandatory):

| | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |

Use back of page for additional coaches

+Plus Tickets include standard clinic admission AND 12-months access to Football Coaches Insider +Plus Video Library.

Rates (Early-Bird) ending December 31, 2024:

| | | | |
|--|-------------------|---------------------|----------|
| 1-4 Coaches Clinic Only Early-Bird Admission: | \$95 Each | # of Coaches: _____ | \$ _____ |
| 5-8 Coaches Clinic Only Early-Bird Admission: | \$90 Each | # of Coaches: _____ | \$ _____ |
| 9+ Coaches Clinic Only Early-Bird Admission: | \$85 Each | # of Coaches: _____ | \$ _____ |
| 1-4 Coaches Clinic +Plus Early-Bird Admission: | \$125 Each | # of Coaches: _____ | \$ _____ |
| 5-8 Coaches Clinic +Plus Early-Bird Admission: | \$120 Each | # of Coaches: _____ | \$ _____ |
| 9+ Coaches Clinic +Plus Early-Bird Admission: | \$115 Each | # of Coaches: _____ | \$ _____ |

Rates starting January 1, 2025, and after:

| | | | |
|-------------------------------------|-------------------|---------------------|----------|
| 1-4 Coaches Clinic Only Admission: | \$105 Each | # of Coaches: _____ | \$ _____ |
| 5-8 Coaches Clinic Only Admission: | \$100 Each | # of Coaches: _____ | \$ _____ |
| 9+ Coaches Clinic Only Admission: | \$95 Each | # of Coaches: _____ | \$ _____ |
| 1-4 Coaches Clinic +Plus Admission: | \$135 Each | # of Coaches: _____ | \$ _____ |
| 5-8 Coaches Clinic +Plus Admission: | \$130 Each | # of Coaches: _____ | \$ _____ |
| 9+ Coaches Clinic +Plus Admission: | \$125 Each | # of Coaches: _____ | \$ _____ |

TOTAL PAYMENT ENCLOSED \$ _____

Checks should be made payable to: Coach of the Year Clinic
C/O Chrissey Stephens
P.O. Box 31408 ~ Knoxville, TN 37930-1408
865-422-4084 ~ Fax: 865-690-7806
Site: www.coyfootballclinics.com