



2026 AVCA COACH OF THE YEAR SUPER CLINIC

2026 AVCA Coach of the Year Virtual Super Clinic Registration Form EVENT DATES: JULY 24 – JULY 29, 2026

(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.

**2026 Super Clinic
Options:**

ALL Individual
Registrants

ALL Group
Registration for
3+ Coaches

TOTAL

<p>* Active AVCA Member registrants will receive event VIP benefits.</p> <p>+Registration Options: <i>Includes post-event access to clinic session recordings & other content.</i></p> <p>^^ Group Registration for 3+ Coaches at Same School: <i>Please complete all information for Group Registration.</i></p>	<p>Virtual Early Registration (Ends June 29)</p>	<p>\$80 Per Coach *+</p>	<p>\$63 Per Coach *+^^ GROUP</p>	<p>Total: = _____</p>
	<p>Virtual Pre-Registration (June 30-July 23)</p>	<p>\$100 Per Coach *+</p>	<p>\$83 Per Coach *+^^ GROUP</p>	
	<p>Virtual Late Registration (July 24-Oct 1)</p>	<p>\$125 Per Coach *+</p>	<p>\$108 Per Coach *+^^ GROUP</p>	

Payment Options (Check One):

____ 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 2026 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.**

FOR GROUP REGISTRATION ONLY –
MUST BE AT LEAST 3 COACHES FROM THE SAME SCHOOL TO RECEIVE GROUP RATE.
(add more coaches on new page if more than 3)

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: _____