

**21st ANNUAL WISTCA CLINIC REGISTRATION
2010-11 MEMBERSHIP FORM**
(Please photocopy and distribute)

Name _____

School where you coach _____

Mailing Address (circle one) Home School

School Telephone: _____

Home Telephone: _____

WISTCA District: 1 2 3 4 5 6 7

Division Level: 1 2 3

★ E-mail Address: _____

Check Appropriate Boxes: Male _____ Female _____
Coaching Level: High School _____ Middle School _____ College _____ Retired _____
Boys Coach _____ Girls Coach _____ Head Coach _____ Assistant Coach _____
Yrs Of Track Service (including 2010) _____

Check your intended attendance day(s) at the clinic:

Pre Registered Friday 2/12 and Saturday 2/13 _____ \$100.00 (includes clinic and WISTCA Membership)
Pre Registered Friday 2/12 only _____ \$70.00 (includes clinic and WISTCA Membership)
Pre Registered Saturday 2/13 only _____ \$50.00 (includes clinic and WISTCA Membership)
Lifetime Registration/Membership _____ \$125.00

(Must be 58 years of age or older and have 10 or more years of coaching track and field.)

Includes WISTCA Membership and Registration for clinic for life.)

WISTCA 2010-11 Membership Only (cannot attend clinic) _____ \$20.00 (expires 02/01/2011)

Make checks payable to WISTCA. Credit cards are not accepted.

*****Payment is **NON-REFUNDABLE*******

Same day registration is **\$110.00** for both days and **\$80.00** for Friday only and **\$60.00** for Saturday only.
Deadline for pre-registration is Friday, Friday, February 5th, 2010. All pre-registration forms and clinic fee checks (**payable to WISTCA**) should be sent to Vince Lease at Fennimore High School, 510 7th St., Fennimore, WI 53809-1505.

(Please detach and send in only top portion)

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IMPORTANT HOTEL RESERVATION INFORMATION

Register for Rooms On-Line at www.wistca.org. Click on the "Clinic Information" link on the left side of the main page. Click on the "Room Reservation" link on the left side of the clinic page. Follow the instructions to reserve your room.