

2021 TBCA State Clinic Registration Information

MAIL THIS FORM TO:

TBCA Clinic, 811 Breeding Ave., Cookeville, TN 38501

Make checks payable to: TBCA Clinic

Head Coach Name: _____

Assistant(s) attending _____

School/Organization: _____

Address: _____

City: _____ State _____ Zip _____

Registration: Member of TBCA \$75 X

_____ = _____

Per Coach

Non-Member

\$115 X _____ = _____

Per Coach*

*Will include TBCA Membership Total _____

In order to plan for accurate numbers, how many will be attending the Hall of Fame Luncheon _____

Registration: After January 8th and at door will be \$90 for members and \$125 for non-members.

If you need an email confirmation: _____