



Northwest All Sports Clinic February 9-12, 2017

NORTHWEST ALL SPORTS CLINIC REGISTRATION FORM

February 9, 10, 11, 12, 2017

SeaTac Doubletree Hotel - Seattle Airport • 18740 International Boulevard, Seattle, WA 98188

Phone: 206-246-8600

When you complete this Registration Form, submit via 1 of these options:

- 1) Mail to: ALLSPORTSSCHOOL, 9909 NE 1st St., Unit 403, Bellevue, WA 98004
- 2) Fax to: (425)209-4487
- 3) Scan and email to: jharryman@allsportsschool.com

CLINIC RATES

INDIVIDUAL RATES

- \$120 Individual, Must be paid by December 15, 2016
- \$130 Individual, Must be paid by February 1, 2017
- \$135 Individual, After February 1, 2017

NEW STAFF RATES

- \$495 4 to 10 Coaches (Prior to January 1, 2017)
- \$595 up to 10 Coaches (Prior to February 1, 2017)
- \$675 up to 10 Coaches (After February 1, 2017)
- Additional Coaches \$50 each at all payment dates

Please Note: PO's ARE NOT PAYMENT AND MUST BE PAID BY
FEBRUARY 1, 2017 TO RECEIVE EARLY RATE.

All Coaches must be from the same school.

Additions after the registration is submitted must pay additional fee of \$50, changes are \$25 each.

COACHES REGISTRATION LIST

Primary Contact

ALL FIELDS ARE REQUIRED, so we can send verification of registration and clinic notes.

DO NOT LIST NAMES OF ANY OTHER COACHES if you are just registering for yourself.

You will be primary contact. List other Coaches **ON PAGE 2** under the ADDITIONAL COACHES SECTION.

All Coaches must be from the same school.

Additions after the registration is submitted must pay additional fee of \$50, changes are \$25 each.

School Name:	School Phone:	School Main Fax:	
School Address:	City:	State:	Zip:
Name of Registering Coach:			
Sport(s) Coached:			
Registering Coach Email:			
School Main Email:			
Amount Due (subject to verification upon receipt):			

Additional Coaches

ALL FIELDS ARE REQUIRED, so we can send verification of registration and clinic notes. If you need to Register more than 15 Coaches, make another copy of this sheet.

Coach Name:	Sport(s)	Coach Email
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Privacy Policy - All Sports School will never give or sell your email address to anyone else. By sending us your email address you agree to receive occasional emails from All Sports School regarding upcoming Clinics and Special Offers and may opt out at any time.

PAYMENT OPTIONS

1) PAY BY CREDIT CARD - Visa or MasterCard, no Amex or Debit

Note: You will receive confirmation via email. Confirmation DOES NOT mean Credit Card has been processed!

Name on Card		
Cardholder Address		
City	State	Zip
Card #	Expiration Date	CVC Code

2) PAY WITH PURCHASE ORDER. PO's must be paid by the due date or the school district will be charged the late fee.

Purchase Order #	School District Main Fax	
Billing Address		
City	State	Zip