



29th Annual  
**COACHES CLINIC INTERNATIONAL  
FOOTBALL CONFERENCE**

**Football Conference Registration Form**

Coach's name \_\_\_\_\_

School \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Add. Coach 1 \_\_\_\_\_

Add. Coach 2 \_\_\_\_\_

Add. Coach 3 \_\_\_\_\_

Add. Coach 4 \_\_\_\_\_

Add. Coach 5 \_\_\_\_\_

Add. Coach 6 \_\_\_\_\_

Add. Coach 7 \_\_\_\_\_

Add. Coach 8 \_\_\_\_\_

Add. Coach 9 \_\_\_\_\_

Add. Coach 10 \_\_\_\_\_

Make Checks payable to **JP Sports Traditions Inc.**

Mail to Coaches Clinic International  
PO Box 11  
Olyphant, PA 18447