

MITCA CROSS COUNTRY CLINIC

November 8 - 10, 2018

Name _____
New Address _____
Home Address _____

School Name _____
School Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Home Phone (_____) _____

School Phone (_____) _____

E-Mail: _____

In what year did you begin coaching? _____

How many years have you coached Cross Country? _____

Coaching assignment? Mid. S. H. S. Univ.

Cross Country Division 1 2 3 4

Registration cost and deadlines:	Postmarked by Nov. 1 st	At the door registration	Amount
New member attending your first MITCA clinic	\$60.00	\$65.00	
Hall of Fame, Sweeney, Ambrose & Life Members	\$60.00	\$60.00	
Regular Clinic Fee	\$110.00	\$120.00	
101 Ambrose Club (Support of the Mid-East and Mid-West Teams) Optional	\$101.00	\$101.00	
Total amount enclosed	XXXX	XXXX	

Clinic Notes and Giveaway LIMITED to the first 290 registrants
Registration at this clinic includes MITCA membership for 2019.
Questions? Call: 989.693.6068 or Email: mitcatreas@airadv.net
Full refund if notified by Nov. 6th, NO REFUND after Nov. 6th.

Make checks payable to MITCA
Payment must accompany the registration form.

Mail to: **Jerry Lasceski, Treasurer**
1691 N. Hinson Road
Fairgrove, MI 48733-9503

Please detach before mailing

COACHES - ATHLETIC DIRECTORS – BUSINESS OFFICES

1. Please note the postmark deadline for pre-registrations, November 1st. Do not mail registrations after November 1st.
2. All registrations after November 1st are expected to pay the “At the door registration” rate.
3. Do not email or fax registrations – payment must accompany the registration forms.
4. Coaches – If your school or booster club is paying for your registration, get the form to them early to meet the deadline and then check with them to be sure the form and check meets the postmark date.