



2026 IHSVCA Coaches Clinic Registration

Indicate name of person making payment (i.e. Athletic Director, booster club, etc.)

Name of School or Association _____

Head Coach's Full Name _____

Head Coach's Email _____

Head Coach's Cell _(____) _____

Payment Levels – We encourage head coaches to bring their entire coaching staff. This includes your feeder schools.

- 1 Coach – \$75
- 2-3 Coaches – \$135
- 4-6 Coaches – \$175
- 7-8 Coaches – \$215
- 9-10 Coaches – \$255

Please list all coaches attending the clinic, including yourself. **We will make name tags, secure clinic folders, and lunch orders based on your response.**

	First Name	Last Name	Title (Head Coach, Asst., JV, FR, JR High, Middle School, CYO, boys programs)	Turkey, Ham, Veggie or Gluten Free
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Mail completed form and a check made payable to IHSVCA to Rhonda Low, 7229 E 1075 N, Indianapolis, IN 46259.

SEE YOU AT THE CLINIC!