



REGISTRATION FORM

*Please send registration and payment to MHSAA, 1661 Ramblewood Dr., East Lansing, MI 48823
Fax: 517.332.4071 or email: cap@mhsaa.com*

- Registration is \$60 *per level* and includes instruction, binder (CAP 1) and refreshments. This fee will be covered by the MHSIBCA for the first 20 member coaches who register.
- CAP Beginning Certification is achieved after completing CAP1 and CAP2; additional certification occurs after completion of subsequent levels.
- Registrations may be submitted by fax, email or online.
- Payment must be received prior to attending. Please make checks and money orders payable to MHSAA.
- No refunds will be issued. (Registration fee may be transferred to another program.)

Name: _____ Gender: F M
(Print name exactly as you would want it to appear on certificate)

(Home Street Address) _____

_____ Email: _____
(City) (Zip)

Phone: Work () _____ Home () _____ Cell () _____

_____ *Date of Birth: ____/____/____
(School Affiliation) (Required for Insurance)

Please list below only the course(s) for which you wish to register:

| | | |
|---------|---------------|---|
| CAP 2 | Oct. 22, 2017 | Metro Detroit Bowling & Resource Center |
| (Level) | (Date) | Sterling Heights. (Site) |
| | | |
| (Level) | (Date) | (Site) |
| | | |
| (Level) | (Date) | (Site) |
| | | |
| (Level) | (Date) | (Site) |
| | | |
| (Level) | (Date) | (Site) |

Amount Enclosed: \$ _____

Years of Coaching Experience: _____

| | | | |
|---------------------|--------------|--------------|---------------|
| Sport(s) you coach: | Level | Sport | Gender |
| | V JV F MS | _____ | B G |
| | V JV F MS | _____ | B G |
| | V JV F MS | _____ | B G |

Are you a faculty member of the school district where you coach? Y N

Why are you attending this Coaches Education program? _____