



MINNESOTA STATE HIGH SCHOOL SOCCER COACHES ASSOCIATION

Website: www.mshssca.org

in conjunction with the Minnesota State High School Coaches Association, Inc.

20th ANNUAL SOCCER COACHES CLINIC

WHO: All interested soccer coaches
WHERE: Hopkins High School
2400 Lindbergh Drive
Minnetonka, MN 55305
WHEN: Friday, August 13th, 2010
7:30 AM – 3:30 PM
COST: - See Box below
NOTE: 1st time attendees, clinic registration is \$30.
- Includes a box lunch
- T-Shirt for the first 250 registered coaches

For more information, please call:

Greg Juba, Director -- Head Girls' Soccer Coach -- Park (Cottage Grove) High School
CELL -- 651.260.1048 -- HOME -- 651.459.7241 -- SCHOOL -- 651.768.3763

AGENDA

7:30 – 8:15 AM	Sign-in / Registration	NOTE: There will be a Head Coaches Meeting during Session III . Coaches will receive Association information packets at this meeting. All Association business for the upcoming season will be discussed. Session for all NEW COACHES, head and assistants, will occur during the lunch hour.
8:30 – 9:25 AM	Session I	
9:40 – 10:35 AM	Session II	
10:50 – 11:45 AM	Session III	
Lunch		
1:00 – 2:00 PM	Session IV	
2:15 – 3:15 PM	Session V	

To belong to the MSHSSCA you must also join our parent organization the MSHSCA.

Costs:

Clinic Registration = \$50/30 before August 1st, 2010
= **\$60/40** after August 1st, 2010

NSCAA Dues = \$85 before August 1st, 2010
(National Soccer Assoc.) = **\$95** after August 1st, 2010

****MSHSCA Dues**** This year ALL MN Coaches Assoc. dues need to be paid online by credit card or paid at the clinic. **DEADLINE for DUES PAYMENT is: October 1st, 2010.**
*****PLEASE go online and take care of it NOW!*****

Total for each Coach = \$50/30 Clinic Only.
= **\$135/115 including NSCAA.**

Add \$10 to all above if registration after August 1st, 2010

Registration Form is on the back of this page – please fill it out and **Mail to**
(Before August 1, 2010):

Art Seplak
10077 Upton Road
Bloomington, MN
55431-2849
952.881.2898

Clinic Registration Form:

-----PLEASE **PRINT** this information-----Mail **BEFORE 8/1/10**-----

Please be sure to **CIRCLE** the (Head/Asst) (Girls/Boys) choice and also the lunch choice for each person registered. Please give **PREFERRED** mailing addresses and phone numbers for **ALL** coaches who join the NSCAA. Online registrations for MN organizations will ask for contact information.

Your name _____ School _____ (Head/Asst) (Girls/Boys)

Address _____

City _____ Zip _____ Phone _____

Your Lunch Choice (Circle one): Turkey Ham Roast Beef Veggie

OTHER REGISTRANTS:

#2 name _____ School _____ (Head/Asst) (Girls/Boys)

Address _____

City _____ Zip _____ Phone _____

Lunch Choice (Circle one): Turkey Ham Roast Beef Veggie

#3 name _____ School _____ (Head/Asst) (Girls/Boys)

Address _____

City _____ Zip _____ Phone _____

Lunch Choice (Circle one): Turkey Ham Roast Beef Veggie

#4 name _____ School _____ (Head/Asst) (Girls/Boys)

Address _____

City _____ Zip _____ Phone _____

Lunch Choice (Circle one): Turkey Ham Roast Beef Veggie

Fees: (circle the choices for each registrant)

Registration	MN State Coaches' Association Dues and MSHSSCA Dues	Clinic Registration Past Attendee (50) OR First Time (30)	National Coaches' Association of America (NSCAA) Dues	Total (Include \$10 per registrant late fee if after 8/1)
Yours	Pay directly to mshsca.org	\$50 OR \$30	+ \$85	=
#2 Registrant	Pay directly to mshsca.org	\$50 OR \$30	+ \$85	=
#3 Registrant	Pay directly to mshsca.org	\$50 OR \$30	+ \$85	=
#4 Registrant	Pay directly to mshsca.org	\$50 OR \$30	+ \$85	=
			TOTAL SENT	=

Please make checks payable to MSHSSCA.

CHECK TOTAL _____

Mail to: ART SEPLAK, 10077 UPTON ROAD, BLOOMINGTON, MN 55431-2849