



Registration

**COACHES CLINIC REGISTRATION  
TUESDAY OCTOBER 13, 2009  
5:00 pm - 9:00 pm  
at  
VISCOUNT GORT HOTEL**

School Name: \_\_\_\_\_  
Coaches Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
# People Attending: \_\_\_\_\_

**REGISTRATION MUST BE RECEIVED BY  
OCTOBER 2<sup>nd</sup> 2009  
WITH PAYMENT OF \$25.00 PER PERSON  
-- ALL CHEQUES PAYABLE TO M.A.C. --**

**MAIL TO:  
M.A.C.  
C/O 283 Berry St.  
Winnipeg, MB  
R3N 1J3**