



2025 AVCA Coach of the Year Virtual Super Clinic Registration Form
EVENT DATES: JULY 25 – JULY 30, 2025

(Primary)
 Name: _____
 Job Title: _____
 School Name: _____
 School Address: _____
 City/State/ZIP: _____
 Email Address (required): _____
 Phone Number: _____
 Mobile Number: _____

This year's Super Clinic will be hosted VIRTUALLY
 by the AVCA HIGH SCHOOL LEADERSHIP COUNCIL in partnership with COACHES INSIDER
 EMAIL YOUR EVENT AND REGISTRATION QUESTIONS TO: highschoolcoaches@avca.org.

2025 Super Clinic Options		<u>AVCA</u> Current Individual Member	<u>ALL</u> Individual NON-Members	<u>^^</u> Group Registration for 3 Coaches	<u>TOTAL</u>
Registration Options: <i>*Includes post-event access to clinic session recordings and other content</i> Group Registration for 3 Coaches: <i>^^ Coach completing the group registration for 3 coaches MUST be an active AVCA Member.</i>	Virtual Early Registration (Ends June 22)	\$79*	\$99*	\$179*^^	
	Virtual Pre-Registration (June 23-July 24)	\$99*	\$119*	\$239*^^	
	Virtual Late Registration (July 25-Oct 1)	\$129*	\$129*	\$329*^^	

Payment Options (Check One):

___ Pay by **Check made out to 'AVCA'** ___ Pay by Credit Card ___ Visa ___ MasterCard ___ Discover ___ AMEX

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Send this form and payment to:

AVCA, c/o Kennedy Wells, 2365 Harrodsburg Rd., Suite A325, Lexington, KY 40504; Fax: (859) 317-4212

The 2025 AVCA Super Clinic is organized and hosted by the AVCA High School Leadership Council in partnership with Coaches Insider. The AVCA does NOT accept purchase orders. Please include payment with the registration form. **Make checks payable to: AVCA.**

Each individual registration must be on a separate membership form.

**FOR GROUP REGISTRATION ONLY –
All three coach registrants must be from the same school/program.**

COACH #2

Name: _____

Job Title: _____

School Name: _____

School Address: _____

City/State/ZIP: _____

Email Address (required): _____

Phone Number: _____

Mobile Number: _____

COACH #3

Name: _____

Job Title: _____

School Name: _____

School Address: _____

City/State/ZIP: _____

Email Address (required): _____

Phone Number: _____

Mobile Number: _____