



REGISTRATION FORM 2015

BANFF CLINIC

Please SCAN, MAIL or FAX completed form. Online registration form available at our website. 'POWER PLAY' PROMO ON REVERSE SIDE (LIMITED TIME ONLY)	FOR OFFICE USE Coach ID #
44 Barr Crescent ★ Aurora, ON, Canada L4G 0C1 Phone: 888-273-7642 ★ Fax: 888-308-2267 E-mail: info@rogerneilsonshockey.com www.rogerneilsonshockey.com	FIND US ON SOCIAL MEDIA Twitter@RNeilsonshockey Facebook: RogerNeilsonCoachesClinic

COACHES' CLINIC DETAILS	
TIMES	REGISTRATION: 5:00 - 7:00 pm Thursday, July 9, 2015 PRESENTATIONS: 7:00 pm Thursday, July 9 – 5:00 pm Saturday, July 11, 2015 <i>*(Subject to change)</i>
LOCATION	The Banff Centre: Banff, AB, Canada Maps to the location can be accessed through our website, and will also be included in a subsequent email.
PAYMENT	Personal/Organization Cheque, Money Order, Visa or MasterCard <i>NO personal cheques will be accepted past June 1, 2015. Credit cards will be charged in Canadian funds. Contact the Office to pay by US check.</i>
COST	\$695 CAD (PLUS GST)
	Price includes lecture manual, breakfast & lunch (FRI/SAT) and daily coffee breaks. <i>Price does not include Travel or Accommodations, or dinners. Tax (GST) is extra.</i>

COACH'S INFORMATION					
FIRST NAME	LAST NAME		DATE OF BIRTH MM / DD / YY	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS		CITY	PROV / STATE	COUNTRY	POSTAL / ZIP CODE
HOME PHONE	WORK PHONE	CELL		FAX	
EMAIL		TWITTER (ie. @RNeilsonshockey)		LINKEDIN:	

TEAM AFFILIATION			
CURRENT TEAM	POSITION (ie. Head Coach)		LEVEL (ie. Minor Hockey, HS, Junior, Pro)
LEAGUE	HIGHEST CERTIFICATION ACHIEVED?	TOTAL YEARS COACHING EXPERIENCE	DO YOU COACH: <input type="checkbox"/> MALES <input type="checkbox"/> FEMALES

ADDITIONAL INFO			
HAVE YOU EVER ATTENDED A RNCC? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL ASSOCIATES BE ATTENDING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN/WHERE DID YOU LAST ATTEND? (Windsor, Banff, etc.)	HOW DID YOU HEAR ABOUT RNCC? (ie. The Hockey News, etc.)
WILL YOUR FAMILY BE TRAVELLING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE	ARE YOU INTERESTED IN THE FOLLOWING? <input type="checkbox"/> ADD-ON TOURS/ACTIVITIES: <input type="checkbox"/> JUL-8 <input type="checkbox"/> JUL-12		ARE YOU INTERESTED IN TAKING 'HIGH PERFORMANCE 1' CERTIFICATION 'ADD-ON' AT THE CLINIC IF AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE <input type="checkbox"/> N/A

Hotel reservations are to be made directly with The Banff Centre (see: Accommodations):

<http://clinics.rogerneilsonshockey.com/banff-ab/>

PAYMENT INFORMATION			TERMS & CONDITIONS	
DEPOSIT: Applications will not be considered unless accompanied by a minimum of \$300 non-refundable deposit per applicant. Deposits are payable by Cheque, Visa or MasterCard . Cheques should be made out to Roger Neilson's Coaches Clinic - Banff . All Credit Cards will be billed in Canadian funds. Contact the Office to pay by U.S. check. Registrations will only be processed when a valid credit card number is provided. Upon receipt of your registration & deposit, a confirmation and additional Clinic details will be sent via electronic mail (unless specifically requested otherwise). BALANCE DUE: Credit Card balances will be processed automatically on May 1, 2015 using the same information as below unless indicated otherwise with this application. If registering after May 1st, full payment is required at time of registration. No personal cheques will be accepted past June 1, 2015 – Money Orders or Certified cheques only.			There is a cancellation fee of \$300 for each application cancelled. Cancellations will forfeit any promotional subscriptions or incentives. At the sole discretion of the Clinic Director, cancellations may be given a credit towards a future clinic. There are NO refunds after May 1st except for medical reasons. In such cases, a Doctor's certificate is required – and the cancellation fee will be kept 'on account' for use at the following year's Clinic. There are NO refunds or pro-rated discounts for 'no shows' or missed portions of the Clinic – including seminars, meals and nights of accommodations – without prior consent of the Clinic Director. Travel & Accommodations are the responsibility of the participant and are not included in the price of Clinic admission. Optional arrangements can be made directly through The Banff Centre (visit website to make reservations). NOTE: There is a \$30/day (FRI/SAT) penalty for all attendees staying off-site from The Banff Centre. For complete details, please visit the RNCC website. Please do not send Travel & Accommodation requests to the Roger Neilson's Hockey Office.	
PAYMENT AMOUNT <input type="checkbox"/> FULL	PAYMENT TYPE <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC	FINAL PAYMENTS ARE DUE ON/OR BEFORE MAY 1, 2015.	In signing this application, you are certifying that you have read and understand the conditions of this application and agree to abide by the terms as outlined. Questions should be directed to the Clinic Director by phone/email.	
CARD NUMBER	EXPIRY DATE MM / YY		PARTICIPANT'S SIGNATURE	
CARD HOLDER	SIGNATURE		DATE	

PLEASE SEE 'POWER PLAY' PROMO ON THE REVERSE SIDE ➔