



## C-BCoaches Network Events Presents:

**July 5 – CourtZide Coaches Discussion**

**Additional Dallas C-BCNEvents for July**

July 5 BYOP™ 10U and 11-13 Players Clinics

July 6 – Player Exposure Clinic & Talent Showcase

Week 1: July 15, 18, 19 & 20 • Week 2: July 22, 23, 24 & 25

July 31, 2:00-4:00 – Minority Clinic

Our **July College-Bound Coaches Network “Coaches CourtZide Discussion”** for all level coaches

**Friday, July 5 CourtZide Clinic 5:00-6:00** (contact [info@lvclub.org](mailto:info@lvclub.org) to reserve a spot today send this registration form with your check or money order). You will have option to attend the 6-8 as a coach or observer. C-BCN Coaches CourtZide Exposure Clinic at: [www.college-boundcoachesnetwork.com](http://www.college-boundcoachesnetwork.com) (Limit number of coaches accepted in order to engage all those attending at Net Results Sports Center).

I am registering for Friday, July 5 C-BCNCourtZide Coaches Discussion/ clinic (check box):

Friday, July 5: \$30

Coach t-shirt size (circle requested size): Adult – L M S

Coach Name: \_\_\_\_\_ Age: \_\_\_\_\_ Coach Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School: \_\_\_\_\_ Club Level:  6<sup>th</sup>/7/8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>;  12<sup>th</sup>

Grade Level coaching: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Designate (Work or Home) Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide below a couple questions/issues that you would like discussed and/or demonstrated. Would love to know your experience level as it will be much easier to prepare the coaches to prepare your answers. Also provide any other information that will help us meet your needs.

**Payment** (Payment options include: Check, money order or cash.) **Checks written to : brvc and mailed to the address below:**

Initial Deposit Amount: **\$30**

Final Amount Due:

**Deposit Payment method** – Check: \_\_\_ / Money order: \_\_\_ / Cash \_\_\_ / **Final Payment method** – Check: \_\_\_ / Money order: \_\_\_ / Cash \_\_\_ /

Insurance provider : \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby grant permission for my child to attend the 2013 College-Bound Coaches Network. I also grant LVC/brvc permission to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp from any and all liability for any injuries or losses incurred while at Camp. I authorize a designated physician to perform diagnostic, medical and/or surgical treatment if necessary and will be financially responsible for any medical attention needed during camp.

**Please reserve a spot with a \$30 non-refundable deposit by May 31.** If after June 1 email to check if space available—no walk-ins. With receipt of payment & registration form, confirmation will follow via e-mail. **Note:** Check-in will occur 20 minutes before the the clinic 4:40. For information, please e-mail [info@brvc.com](mailto:info@brvc.com) or call 972.943.4665. For information and space availability, e-mail [info@brvc.com](mailto:info@brvc.com) or [mn@college-boundcoachesnetwork.com](mailto:mn@college-boundcoachesnetwork.com) or call after June 1 to 972.943.4665. Website information, waivers and forms: [www.college-boundcoachesnetwork.com](http://www.college-boundcoachesnetwork.com)

Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: brvc Attention: R. N. Nelson, PO Box 702505 Dallas, Texas 75370; USA fax: 972.363.0227**

4/22/13

**Forms are accepted as of April 1 with \$30 non-refundable deposit. Forms must be faxed and/or received no later than May 31 with final payment. All acceptance will be based on date that we receive your deposit. T-shirts are for those pre-registering before May 31.**

	<b>Non-refundable Deposit</b>	<b>brvc Use Only</b>	Final Payment	
Type of payment:	Cash	Check #	Cash	Check
Date received:				
Confirmation sent:	Email	Mail	Fax	Date