

2011-2012

Kentucky Association of Basketball Coaches

Fall Conference/ Membership Form

NAME:

E-MAIL:

HOME ADDRESS:

SCHOOL:

ADDRESS:

PHONE: (CELL)

(WORK)

POSITION:

Boys X

Girls X

Active Member X Associate Member X Region:

Yes, I will be attending the Clinic,

\$75 Registration Fee includes \$15 Membership Dues

No I will not be able to attend, but enclosed is my \$15 Membership Dues for 2011-2012.

MAIL TO:

KABC

P.O. BOX 4035

WINCHESTER, KY

40392-4035