



MISSISSIPPI ASSOCIATION OF COACHES

Physical Address: 1201A Clinton Raymond Rd., Clinton, MS 39056

Mailing Address: Post Office Box 1194, Clinton, MS 39060-1194

Telephone: 601-924-3020 Fax: 601-924-3050

www.mscoaches.com



CEU Credits are being offered for the 2024 Clinic for a fee of \$70.00

•Registration for the CEU credit (\$70.00 + completed form below) PLUS

• MAC Membership Dues (\$70 old members, \$75 new members) must be received in the MAC office by Wednesday, June 26. If your school pays your MAC dues, it's YOUR responsibility to make sure we've received them prior to the CEU registration deadline.

CEU REGISTRATION CANNOT BE COMPLETED WITHOUT MEMBERSHIP RENEWAL.

OPTION 1:

To earn four (4) credits, you must do the following:

- * Attend the Orientation Meeting Tuesday, 7/9 at 12 Noon or Wednesday, 7/10, at 8 AM - Ballroom A, Sheraton Flowood. (NO LATE ARRIVALS WILL BE ADMITTED!)
- * Attend 12 Sessions of the Clinic - includes 4 mandatory sessions: Orientation Meeting, Motivation Session, your appropriate District Meeting, and the General Business Meeting, plus 8 additional sessions
- * Attend the All-Star Soccer Games on Tuesday, July 9, at Brandon HS,
- * or the All-Star Volleyball Games on Wednesday, July 10, at Brandon HS

OPTION 2:

You may earn three (3) credits by attending all of the above *Except* one of the All-Star Games.

NOTE: Certificates of Completion will be sent to you from Hinds Community College. You cannot get an official record (transcript) until after grades are posted in December. You will need to call Hinds Community College and request this official transcript (there will probably be a minor charge for this service).

MEMBERSHIP DUES (ONLINE SUBMISSION) & CEU REGISTRATION (THIS FORM) MUST BE IN THIS OFFICE BEFORE DEADLINE DATE: WEDNESDAY, JUNE 26. FORMS AND CHECKS RECEIVED AFTER THIS DEADLINE WILL BE RETURNED. NO EXCEPTIONS!

Please cut on line & return form with payment to P O Box 1194, Clinton, MS, 39060.

Name _____
Last First School

Complete Mailing Address _____
No. & Street, or PO Box Apt. or Lot #
City State Zip

Daytime Telephone #: _____ Cell #: _____

E-Mail Address: _____

Enclosed is my payment of \$70 made out to M.A.C. for the CEU credits offered during the 2024 MAC Clinic. I understand that No Refunds will be made after July 9.