



## Water Polo Coaches Conference Registration Form

please mail payment & registration form before Dec. 1st

Name \_\_\_\_\_

Spouse Badge \$25. Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Day Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Affiliation:  High School Coach       College Coach       Club Coach  
 Water Polo Supporter       Vendor

Amount Enclosed / Total: \$ \_\_\_\_\_ Payment: Check Enclosed (US Funds Only)  
\$95 per conference participant

*-Please make checks payable to Water Polo Coaches Association or WPCA-*

**Please mail your check and this registration form to:**

**Water Polo Coaches Association or WPCA**

**PO BOX 310584, Fontana CA 92331**

**Please mail payment & registration form before Dec. 1<sup>st</sup>**

Thank You! To our Sponsors

