



REGISTRATION

PRESENTED BY
TRAVELING TEAMS

CONVENTION REGISTRATION FEES INCREASED AFTER NOV. 16

MEMBER REGISTRATION with 30-day access to on-demand video.....	\$229	x (QTY)	_____ = _____
MEMBER REGISTRATION UPGRADE with lifetime access to on-demand video.....	\$249	x (QTY)	_____ = _____
NON-MEMBER REGISTRATION with 30-day access to on-demand video	\$329	x (QTY)	_____ = _____

If you are **NOT** a member and would like to join to receive the exclusive discount on Convention, add the following amount:

- | | | |
|---|---|--|
| <input type="checkbox"/> Division I head or associate coach – \$225 | <input type="checkbox"/> Division II or III head or associate coach – \$140 | <input type="checkbox"/> NAIA head or associate coach – \$110 |
| <input type="checkbox"/> NCAA or USCAA head or associate coach – \$110 | <input type="checkbox"/> Junior College head or associate coach – \$110 | <input type="checkbox"/> College assistant – \$95 |
| <input type="checkbox"/> Volunteer assistant – \$95 | <input type="checkbox"/> Student assistant – \$95 | <input type="checkbox"/> Director of Operations/Admin – \$80 |
| <input type="checkbox"/> High school coach – \$80 | <input type="checkbox"/> International coach – \$80 | <input type="checkbox"/> Travel ball coach, director or mgr – \$80 |
| <input type="checkbox"/> Youth coach – \$80 | <input type="checkbox"/> Company – \$60 | <input type="checkbox"/> Emeriti – \$60 |
| <input type="checkbox"/> Affiliate (Fastpitch instructor, former coach, professional coach, sports information director, umpire, other) – \$60. | | |

CURRENT MEMBERS CAN ALSO INCLUDE THEIR RENEWAL FEES ON THIS LINE.

DONATE! Please accept my (additional) tax-deductable donation supporting NFCA projects in the amount of.....\$ _____

GIFT A CONVENTION REGISTRATION TO A FELLOW COACH! ☐ Member \$229 ☐ Member upgrade \$249 ☐ Non-member \$329 _____

☐ Give my gift to this coach (list name & email): _____

☐ Give my gift to a coach in need chosen by the NFCA.

TOTAL DUE _____

ATTENDEE NAME(S) _____

SCHOOL/ORGANIZATION _____

POSITION & DIVISION _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

CELL NUMBER(S) _____

EMAIL ADDRESS(ES) _____

PAYMENT INFORMATION

<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PURCHASE ORDER
CARD # _____		
EXPIRATION DATE _____		
CSV _____	BILLING ZIP _____	
SIGNATURE _____		

EMAIL, MAIL OR FAX COMPLETED FORM TO:

NFCA, 2641 GRINSTEAD DRIVE, LOUISVILLE, KY 40206

EMAIL: EVENTS@NFCA.ORG

FAX: 502-409-4622

QUESTIONS? CALL 502-409-4600 OR EMAIL EVENTS@NFCA.ORG

☐ I understand that all sales are final. There will be NO REFUNDS granted for any reason.

☐ I agree to NFCA Virtual Convention policies. Dissemination of NFCA materials is strictly prohibited.

#NFCAatHOME