

**REGISTRATION FEE: \$25.00**

**#1**

Saturday – **August 23, 2014**  
**1:00 to 4:00 PM**

**St. Michael the Archangel**  
5040 St. Joseph Rd.  
Coopersburg, PA 18036

Reservation Deadline:  
**August 20, 2014**

**#2**

Saturday—**Oct. 25, 2014**  
**9:00AM to 12:00 Noon**

**Berks Catholic High School**  
955 E Wyomissing Blvd.  
Reading, PA 19611

Reservation Deadline:  
**October 22, 2014**

**#3**

Saturday—**Nov. 22, 2014**  
**9:00AM to 12:00 Noon**

**St. John the Baptist**  
913 Mahantongo St.  
Pottsville, PA 17901

Reservation Deadline:  
**November 19, 2014**

**#4**

Saturday—**March 28, 2015**  
**9:00AM to 12:00 Noon**

**St. Anne**  
450 E Washington Street  
Bethlehem, PA 18017

Reservation Deadline:  
**March 25, 2015**



Diocese of Allentown

Office of Youth & Young Adult Ministry

## 2014/2015 CYO COACHES CLINIC

**Complete the Form Below and Send to:**

Secretariat for Catholic Life and Evangelization  
Attention: Coaches Clinic  
900 South Woodward Street  
Allentown PA 18103



Or by fax: **610-289-7917**

Or by E-mail: **oyyam@allentowndiocese.org**

Questions: **Mary LaBianca, 610-289-8900, ext. 228**

*Please check one session:*

#1: Aug. 23 \_\_\_\_ #2: Oct. 25 \_\_\_\_ #3: Nov. 22 \_\_\_\_ #4: Mar. 28 \_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: (last 4 digits) \_\_\_\_\_

Parish/School: \_\_\_\_\_

City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CYO District: \_\_\_\_\_

**\$25.00 per person**

**Make Checks payable to: *Diocese of Allentown* or  
Pay by Credit Card**

**Type of Card:** *Please Circle* Master Card / Visa / Amer. Express/ Discover

Card #: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Security Code \_\_\_\_\_  
*(found on back)*

**Name on Card:** \_\_\_\_\_

**Billing Address of Card:** \_\_\_\_\_

*(All credit card information will be destroyed following the Clinic)*

**All payments must be received in our  
office prior to the date of the clinic.**