



## 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](http://www.mscoaches.com)



CEU Credits are being offered for the 2025 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 25. 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, 7/8 at 12 Noon or Wednesday, 7/9, 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 8, at Brandon H S,
- \* or the All-Star Volleyball Games on Wednesday, July 9, at Brandon H S

### OPTION 2:

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

NOTE: CEU Certificates will e-mailed out by Hinds Community College in September to the e-mail address you provide on your CEU Orientation form at the Clinic.

**MEMBERSHIP DUES (ONLINE SUBMISSION) & CEU REGISTRATION (THIS FORM) MUST  
BE IN THIS OFFICE BEFORE DEADLINE DATE: WEDNESDAY, JUNE 25.  
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 2025 MAC Clinic. I understand that No Refunds will be made after July 8.