

2008 BLINN "SHOW ME" OFFICIALS CLINIC

Sponsored by College Station TASO Chapter

Friday, April 4th & Saturday, April 5th, 2008

Cost: \$100.00 Per Person Early Registration
\$110.00 at the Door

Early Registration Deadline is March 28th, 2008 (T-Shirt, Lunch & Dinner Included)

Registration : To Register please enclose a check with our clinic registration form(attached) and mail to:
Blinn College Show Me Clinic
C/o-Coach Brad Franchione
902 College Ave
Brenham, TX 77833

REGISTRATION FORM & "SHOW ME" SCHEDULE

FRIDAY, APRIL 4TH, 2008 @ BLINN

- 3:00pm - 4:00 pm Clinic Registration (student center)
- 4:00pm – 4:30pm - General Session-(conference room)
- 4:30 – 5:30pm – Breakout Sessions by Position (meeting rooms)
- 5:40 – Dress for Scrimmage @ Fieldhouse Spencer Stadium
- 6:00 – 7:30pm Live Scrimmage & Video Review
- 8:00pm Social (BBQ & Beverages)/Door Prizes

SATURDAY, APRIL 5TH, 2008 @ BLINN

- 7:15-8:15 am - Breakfast @ Student Center, Blinn College
- 8:15 - 9:15am - Breakout Session @ Blinn College Student Center, Meeting Rooms.
- 9:30-11:00 am- Live Scrimmage & Video Review @ Blinn College Game Field
- 11:00am - Closing Ceremony Blinn College Game Field/ Door Prizes
- #Return Crews will have 1st choice to work Friday Night or Saturday Morning.

T-Shirt Included

For More Information: Call 979-337-6705

Or Checkout our website @ www.blinn.edu or the TASO website: www.taso.org!

Return crews will have 1st choice on which scrimmage to work (Friday or Saturday)!

Please circle the appropriate answers on the "Clinic Registration Form"!

Clip Here -----

CLINIC REGISTRATION FORM

Mail to: SHOW-ME Clinic + Football Office – Coach Fran + 902 College Ave + Brenham, TX 77833

Enclosed is a check for _____ covering the cost of \$100.00 per person (\$110.00 at the door).

Make check payable to: **BLINN FOOTBALL CLUB. Early Registration Deadline is March 28th, 2008**

The first 30 Crews will be on the field. Individuals are invited to participate as well. Please indicate if you are on a crew and who is the head of your crew.

Your Name: _____ email: _____
Phone Number: _____ Head of your Crew: _____
Other Names on your Crew
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

Address and phone number of an attending member of your crew:

Did you attend the 2007 Show Me Clinic?(Circle one) YES NO
PREFER TO WORK(Circle One): FRI, PM SAT. AM