



**National Interscholastic Athletic
Administrators Association, Inc.**

**Section 1's
17th Annual
Summer Institute- 2020**
www.section1niaaa.org

**Leadership Training Course
Registration Form**

Sunday, June 28, 2020

Welcome/Registration - Noon – 5:00 pm

Session I: Sunday, June 28th (3:00 pm – 7:00 pm)
508 ____, 710A ____, 610 ____

Session II: Monday, June 29th (7:30-11:30am)
510 ____, 625 ____, 706 ____

Session III: Monday, June 29th (12:30 – 4:30 pm)
709 ____, 799 ____

Monday Evening

Reception and Bocce Tournament at the Ocean Edge (free) 5:30pm – 7:30pm

Session IV: Tuesday, June 30th (7:30-11:30am)
3-D Coaching (Admin.) ____, 633 ____, 715 ____

Session V: Tuesday, June 30th (12:30-4:30 pm)
608 ____, 511 ____, CAA Prep ____

Golf Outing (\$85/pp) (12:00 - 5:00)
Golf is at the Ocean Edge “Jack Nicklaus”
Championship Golf Course; includes cart and range balls.

Tuesday Evening

Cape Cod League Baseball Family Night

Session VI: Wednesday, July 1st (7:30 am–11:30am)
3-D Coaching (Coaches) ____, 790 ____

CAA Exam (9am - 10:30am) _____

(Must register separately with the NIAAA office)

Go home or stay up to three more nights.

Registration fee structure (2 course minimum):

6 classes -	\$740.00	_____
5 classes -	\$640.00	_____
4 classes -	\$540.00	_____
3 classes -	\$440.00	_____
2 classes -	\$320.00	_____
CAA Prep Class -	\$60.00	_____
Golf -	\$85/pp	_____
Cape Cod League Family Night		_____
Conference Shirt @ \$40		_____
Total registration fee:		_____

(Checks to: Athletic Administrators Assoc. – Ch. 1)

[Ocean Edge Lodging Registration is separate.]

Go to: www.section1niaaa.org

Note: There is a minimum registration of 2 courses.
Registration will take place on-line at FamilyID in Dec.

Name _____

Title _____

School _____

Address _____

City, state zip _____

Work Phone _____

Fax _____

Home Phone _____

Cell Phone _____

Email address _____

Signature _____

_____ Optional Conference Golf Shirt(s) @ \$40.00
Size(s): M W S M L XL XXL XXXL (Circle)

You can register on-line at www.FamilyID.com
or send a check payable to:

Athletic Administrators Association – Ch. 1
c/o Steve Young, CMAA
Department of Athletics
New Rochelle High School
265 Clove Road
New Rochelle, N.Y. 10801

Work: 914-576-4586
Cell: 917-887-3898
Fax: 914-576-4662
email: syoung@nredlearn.org

[Ocean Edge Lodging Registration is separate.]