# THE IOWA AMATEUR SOFTBALL ASSOCIATION PRESENTS:

*"The National Governing Body for the Sport of Softball in the United States"*

# 2006 ASA SOFTBALL ACE COACHING CERTIFICATION CLINICS

***Tuesday, March 21st*** *– West Des Moines Community Center, 217 5th St., West Des Moines. 7-9 p.m.*

***Thursday, March 23rd*** **-** *Mt. Mercy College, Room # 300, Donnelly Center, 1330 Elmhurst Dr. NE, Cedar Rapids. 7-9 p.m.*

*These clinics are geared toward new and veteran softball coaches. Clinic topics will be held on Principles of Coaching, Legal Issues in Sports, First Aid, Practice Organization, Coach/Umpire Relations, and Sport Specific Skills.*

## *Achieve Certify Educate*

**Fee: $25 - Benefits include :**

- **ACE Coaching Manual**
- **$5,000,000 liability insurance policy (if coaching an ASA registered team)**
- **Membership card as an ASA/USA Softball ACE Coach**
- **ACE Gift**
- **ACE Coaching Certificate**
- **Discount on ASA Instructional Video Training Tapes (available at clinic)**
- **Iowa ASA Coach Registration Packet** *(includes rule book, scorebook, & membership)*

Send registration form and make checks payable to: *(credit card payments also accepted)*
IOWA AMATEUR SOFTBALL ASSOCIATION, 1534 PENROSE ST., GRINNELL, IA 50112-1203
Phone: 641-236-5766 FAX (641) 236-6779 Website: www.softball.org/iowa

**Please pre-register at least one week prior to the clinic you will attend.**

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## 2006 Iowa ASA ACE Coaching Clinic Registration Form

I will be attending the following clinic: West Des Moines, March 21st ____ Cedar Rapids, March 23rd ____

Name ______________________________________________________________

Address ____________________________________________________________

City ____________________________________________ State _____ Zip Code __________

Home Phone (_____)________________________Work Phone (_____) _________________________

E-Mail Address (print) _________________________________________________________

Visa Master Card # _____________________________________ Expiration Date ______/_______
*(circle one)* *Mo. Yr.*
Name as it appears on Credit Card ______________________________________________________