

**The Nassau County High School**  
**Football Coaches Association**  
**Proudly Presents the 19<sup>th</sup> Annual Clinic**

Sponsored by  
**Central Physical Therapy**  
1103 Stewart Avenue  
Garden City, NY 11503  
516-745-1177

Featuring:

**Greg Schiano, Head Football Coach, Rutgers**  
**University**

**Rutgers University Offensive and Defensive Staffs.**

**Doug Marrone, Head Football Coach, Syracuse**  
**University**

**E.J. Mills, Head Football Coach, Amherst College**

**Bill Garvey, Offensive Coordinator Bethany College**

**Nassau County “Coach of the Year” – Paul Rorke, Head**  
**Football Coach, Syosset H.S.**

**Conference II Coach of the Year – Mike Stanley, Head**  
**Football Coach, Carey High School**

**Jay Iaquina, Head Football Coach Hewlett H.S.**

**John Boyle, Head Football Coach Clarke H.S.**

**Site: Oceanside H.S.**

**Date: February 27, 2009: 3:30 – 9:00 p.m.**

**February 28, 2009: 7:30 – 2:00 p.m.**

**Directions to Oceanside High School:**

Take the Southern State Parkway to Exit 20 South, Grand Avenue Baldwin South. Go approximately 4 miles south across Sunrise Highway and across Merrick Road. Stay on Grand Avenue (which forks to the left) and continue to Atlantic Avenue (major intersection.) Make a right on Atlantic. Continue approximately 3/4 mile to Skillman Avenue and make a left. Oceanside High School will be on the left. The auditorium is just off the circle in front of the school. Use the parking lot on the right or left of the school.

**Pre-Registration Fee: \$40 (if received before February 23)**

**Registration at the Door: \$50 [Make Checks payable to NCHSFCA.]**

**\*\*All proceeds will benefit the Nassau County Football Scholarship Fund.**

**The Nassau County High School Football Coaches**

**Association 19<sup>h</sup> Annual Clinic**

**Pre-Registration Fee: \$40 Due by 2/23/09**

**Registration at the Door: \$50.** (If registering at the door, please call in advance by February 23rd to reserve a place at the clinic for you and your staff.)

**Registration Form**

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

School: \_\_\_\_\_

Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

School Phone: \_\_\_\_\_

***\*\*\*Email Address:*** \_\_\_\_\_

**Please detach this page and mail this completed form with a check of \$40... made payable to NCHSFCA before 2/23. Registration after 2/23 will be \$50 and will require a phone reservation with Central Physical Therapy by 2/23/09. Call Central Physical Therapy at 516-745-1177.**

This pre-registration fee of \$40 must arrive at Central Sports Care on or before 2/23 or the Registration Fee will be \$50.

**Central Physical Therapy**

**1103 Stewart Avenue**

**Garden City, NY 11530**

**ATT.: Clinic Registration**