

NORTHWEST
ALL SPORTS CLINIC
1020 NW 199th St, Shoreline, WA. 98177
(206) 546-6180
richgus@comcast.net

Dear Exhibitor:

Our website at www.AllSportsSchool.com describes the **NORTHWEST ALL SPORTS CLINIC** that will be held in Seattle at the SeaTac DoubleTree Hotel on February 9, 10 & 11, 2007. The clinic is in its twenty-seventh year and the 2006 clinic attracted over 2200 coaches.

College, high school, junior high, community, and athletic club coaches from all over Washington, Idaho, Oregon, Montana, Alaska, and Canada will be attending. Athletic Directors from these areas will also be in attendance. The program includes clinics in:

Baseball	Football	Soccer	Tennis
Basketball	Golf	Softball	
Volleyball	Track & Field	Fitness & Nutrition	

These clinics will be presented by the well-known local and national sports figures that are currently listed on our website.

If you are interested in being an exhibitor, the fee will be \$475 prior to August 15th, 2006. After August 15th the fee will be raised to \$500. Please complete the enclosed contract and return it prior to August 15, 2006.

We anticipate a large number of exhibitors for the 2007 clinic and the space is limited. We will accept exhibitor reservations on a first come, first serve basis. Since we had a wait list for exhibitors last year, I encourage you to return your application with your check now. Also, please identify on the enclosed exhibit hall map your top three choices as to where you would like to be located.

If you have any questions, please call me at either of the above numbers.

Sincerely,

Rich Gustafson
Exhibit Coordinator

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CONTRACT FOR EXHIBIT SPACE
February 9, 10 & 11, 2007

Please reserve _____ exhibit space(s) (1 or 2) at \$500 per exhibit space. \$475 if submitted prior to August 15, 2006. (See attached letter and map for booth space variations) Each space will include:

7 inch x 44 inch identification sign
8 foot high back drape
3 foot high divider drape
one 6 foot table
one chair

NAME OF COMPANY: _____.

ADDRESS: _____.

CITY: _____ **STATE:** ___ **ZIP:** _____ **PHONE:** _____.

FAX: _____ **E-MAIL ADDRESS:** _____.

TYPE OF PRODUCT EXHIBITING: _____.

_____.

NAMES OF PEOPLE WORKING BOOTH: _____.

_____.

To reserve exhibit space(s) return this contract along with your check to **Rich Gustafson, 1020 NW 199th, Shoreline, WA. 98177**. Please make your check payable to **All Sports Schools**. No refunds after January 25, 2007.

Authorized Signature: _____.

Typed or Printed Name: _____.

Position: _____.

Date: _____. **Booth space preferences: 1st Choice** ____,
2nd Choice ____, **3rd Choice** ____.