

2010 OHIO HIGH SCHOOL BASEBALL COACHES ASSOCIATION CLINIC JANUARY 21-23

PRE-REGISTRATION FOR CLINIC AND AWARDS LUNCHEON - \$75 (per person)

LATE REGISTRATION (AT DOOR) - \$85 (per person)

DEADLINE – January 8, 2010

THERE WILL BE NO REFUNDS



Makes Checks Payable to:

Ohio High School Baseball Coaches Association

(No Money Orders Accepted)

MAIL PAYMENT TO:

PAT EWING
6934 CAMDEN DR.
NEW ALBANY, OH 43054

* This form must be filled out properly and completely. **(PLEASE PRINT)**

SCHOOL: _____ SCHOOL PHONE: _____
ADDRESS: _____ City: _____ State: _____ ZIP: _____
SCHOOL CLASSIFICATION: (CIRCLE) I II III IV DISTRICT: (CIRCLE) C E NE NW SE SW
LEAGUE: _____

AN AREA MUST BE COMPLETED FOR EACH COACH THAT IS REGISTERING. (DUPLICATE FORM IF NECESSARY) IF NO PREFERRED MAILING IS DESIGNATED, ALL FUTURE ASSOCIATION MAILINGS WILL BE SENT TO SCHOOL

NAME: _____ EMAIL _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____ MAILINGS SENT: (CIRCLE) HOME SCHOOL
HOME PHONE: _____
POSITION: (CIRCLE ONE) VARSITY ASST VAR JV FRSH MS COLLEGE
MEMBERSHIP: (CIRCLE) NEW RENEW MEMBERSHIP YEARS: _____
INDICATE: CLINIC & LUNCH _____ or CLINIC ONLY _____

NAME: _____ EMAIL _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____ MAILINGS SENT: (CIRCLE) HOME SCHOOL
HOME PHONE: _____
POSITION: (CIRCLE ONE) VARSITY ASST VAR JV FRSH MS COLLEGE
MEMBERSHIP: (CIRCLE) NEW RENEW MEMBERSHIP YEARS: _____
INDICATE: CLINIC & LUNCH _____ or CLINIC ONLY _____

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NAME: _____ EMAIL _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____ MAILINGS SENT: (CIRCLE) HOME SCHOOL
HOME PHONE: _____
POSITION: (CIRCLE ONE) VARSITY ASST VAR JV FRSH MS COLLEGE
MEMBERSHIP: (CIRCLE) NEW RENEW MEMBERSHIP YEARS: _____
INDICATE: CLINIC & LUNCH _____ or CLINIC ONLY _____

TOTAL # OF REGISTRANTS: _____ **AMOUNT ENCLOSED:** _____

***ALL CLINIC MATERIAL MUST BE PICKED UP BY THE HEAD COACH AT THE CLINIC REGISTRATION AREA AT HOTEL
NO MATERIAL WILL BE MAILED**