

2010 OHSBCA MEMBERSHIP FORM

Dear Coach:

If you are unable to attend the clinic but want to be a member of the Ohio High School Baseball Coaches Association, complete the form below and mail it along with a check for \$20 to cover the application and processing fees. There are additional forms on the OHSBCA website: www.ohsbca.org in Forms & Apps.

**Mail to: Pat Ewing
6934 Camden Dr.
New Albany, Ohio 43054**

**DEADLINE: Pat Ewing must receive this form no later than February 14, 2010.
NO APPLICATIONS WILL BE ACCEPTED AFTER FEBRUARY 14, 2010.**

Name _____ Email _____

School: _____

School Address:

Home Address:

School phone: _____

Home phone: _____

Do you prefer to have your mailings sent to: **(circle one)** Home School
(If you do not designate a preference, all mailings will be sent to school.)

Circle appropriate response:

Coaching Position: Varsity Assistant J.V. Jr. High College Other

School Classification: I II III IV

District: C E NE NW SE SW

League Affiliation: _____

College: D1 D2 D3 NCAA NAIA NJCAA OTHER

Membership: New ____ Renewal ____ Number of years OHSBCA member ____

You must be a member of the OHSBCA to have nominating and voting privileges for the All-Ohio All-Star Series. Membership also includes free membership to OHSBCA sponsored games and the OHSBCA newsletter.