

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

PRE-REGISTRATION FOR CLINIC AND AWARDS LUNCHEON - \$70 (per person)

LATE REGISTRATION (AT DOOR) - \$80 (per person)

**DEADLINE** – January 8, 2010

**THERE WILL BE NO REFUNDS**

**MAKE CHECK PAYABLE TO:**

OHIO HIGH SCHOOL BASEBALL COACHES ASSOCIATION  
*(We do not accept purchase orders!)*

**MAIL PAYMENT TO:**

PAT EWING  
6934 CAMDEN DR.  
NEW ALBANY, OH 43054

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

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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 \_\_\_\_\_

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 \_\_\_\_\_

**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**