**2015 OHIO HIGH SCHOOL BASEBALL COACHES ASSOCIATION CLINIC JANUARY 15-17**

**PRE-REGISTRATION FOR CLINIC AND AWARDS LUNCHEON - $75 (per person) Retired Member -$25**

**LATE REGISTRATION (AT DOOR) - $90 (per person)**

**DEADLINE – December 20, 2014 THERE WILL BE NO REFUNDS**

**MAKE CHECK PAYABLE TO:** OHIO HIGH SCHOOL BASEBALL COACHES ASSOCIATION

**(*We do not accept purchase orders!)***

**MAIL PAYMENT TO:** LORI RYAN

4737 MIDDLE RIDGE RD

PERRY, OH 44081

\* 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/FR MS COLLEGE RETIRED OTHER

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/FR 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/FR 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/FR 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