



2015 OHSBCA COACHES CLINIC
JANUARY 15-17, 2015
HYATT REGENCY HOTEL

THERE WILL BE NO REFUNDS

DEADLINE: DECEMBER 22, 2015

MAKE PAYABLE TO: OHSBCA

Preregistration Fee: \$75.00 (Clinic & Hall of Fame Banquet)

Late Registration: (At Door) \$90.00

MAIL TO: **LORI RYAN**
4737 MIDDLE RIDGE RD
PERRY, OH 44081

PLEASE FILL OUT COMPLETELY.

PLEASE PRINT

**** EMAIL FOR ALL COACHES IS REQUIRED****

SCHOOL: _____ **PHONE:** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

DISTRICT: (Circle one) **C E NE NW SE SE** **DIVISION:** (Circle One) **I II III IV**

LEAGUE: _____

Please complete for each coach attending the clinic. Duplicate form if registering more than four (4) coaches. Please be sure to include each coach's email address. If no preferred mailing is designated or home address is not complete all mailings will be sent to school.

Name: _____ **Email:** _____
Home Address: _____ **Mailing Sent:** (Circle) Home School
City/State/Zip _____ **Home Phone:** _____ **Cell:** _____
Coaching Position: (Circle) Varsity Asst. Varsity JV/FR JR High MS College Youth Other _____
Membership: (Circle) New Renew Membership Years _____
Indicate if you plan to attend Banquet: Clinic & Banquet _____ Clinic Only _____

Name: _____ **Email:** _____
Home Address: _____ **Mailing Sent:** (Circle) Home School
City/State/Zip _____ **Home Phone:** _____ **Cell:** _____
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Total # of Registrants: _____

Amount Enclosed: _____

ALL CLINIC MATERIAL TO BE PICKED UP AT THE REGISTRATION AREA AT THE CLINIC.

NO MATERIALS WILL BE MAILED.

RECEIPTS WILL BE EMAILED

OFFICE USE ONLY:

CHECK No: _____ Cash: _____

Remitter: _____

Invoice No: _____