



2018 OHSBCA COACHES CLINIC

JANUARY 18-20, 2018

HYATT REGENCY HOTEL

THERE WILL BE NO REFUNDS

DEADLINE: DECEMBER 22, 2017

MAKE PAYABLE TO: OHSBCA

Preregistration Fee: 90.00 (Clinic & Hall of Fame Banquet)

MAIL TO: Glen Morse
P.O. Box 275
New London, OH 44851

Late Registration: (At Door) \$100.00 (Membership is included)

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 SW College Youth/Recreation Out of State Retired
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. (REQUIRED*) 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: _____ **Amt 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: _____