



2019 OHSBCA COACHES CLINIC
JANUARY 17-19, 2019
HYATT REGENCY HOTEL
CLINIC REGISTRATION & MEMBERSHIP FORM

THERE WILL BE NO REFUNDS

DEADLINE: DECEMBER 23, 2018

CHECKS PAYABLE TO: OHSBCA

PRE-REGISTRATION FEE: \$90.00 (Hall of Fame Banquet Included)

LATE REGISTRATION FEE (AT DOOR): \$100.00

MAIL TO: Glen Morse
 PO Box 275
 New London, OH 44851

*****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:** _____
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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: _____