



2020 OHSBCA COACHES CLINIC

JANUARY 16-18, 2020
HYATT REGENCY HOTEL

CLINIC REGISTRATION FORM

THERE WILL BE NO REFUNDS

DEADLINE: December 23, 2019

PRE- REGISTRATION: \$90 - Banquet included

LATE REGISTRATION: \$100 (at the door)

CHECKS PAYABLE TO: OHSBCA

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

Registration for the clinic includes your membership.

PLEASE PRINT

School Name: _____ Phone: _____

School Address: _____ City: _____ State: ____ Zip: _____

District: (circle one) Central East NE NW SE SW College Youth Retired

School 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.
EACH MEMBERS MUST HAVE A UNIQUE (one of a kind) EMAIL TO REGISTER

Name: _____ Email: (required) _____

Home Address: _____ Mailing Sent (circle): Home. School

City/State/Zip: _____ Phone# - Cell: _____ Home: _____

Coaching Position: (circle); Head Coach Asst. Coach JH/MS Rec/Youth College

Membership: (circle). New Renew Membership years ____ Attending Hall of Fame Banquet: Yes No

Name: _____ Email: (required) _____

Home Address: _____ Mailing Sent (circle): Home. School

City/State/Zip: _____ Phone# - Cell: _____ Home: _____

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Coaching Position: (circle); Head Coach Asst. Coach JH/MS Rec/Youth College

Membership: (circle). New Renew Membership years ____ Attending Hall of Fame Banquet: Yes No

Receipt & Membership
Card will be emailed

OFFICE USE ONLY:
Check No: _____ Amount: _____ Invoice No: _____
Remitter: _____ Date Rcvd: _____