

Event: IHSBCA State Clinic  
 Date: January 21 – 23, 2016  
 Location: Sheraton at Keystone at the Crossing  
 8787 Keystone Crossing  
 Indianapolis, IN 46240  
 317-846-2700 (desk)                      317-574-6775 (fax)  
 Registration Link: <https://www.starwoodmeeting.com/Book/IHSBCA2016>  
 Rate: \$109 (standard room) plus 17% applicable taxes  
 Deadline: Clinic rooms MUST be reserved by 1/12/2016 for clinic rate

(Detach and mail to: Brian Abbott; 2340 Guilford St; Huntington, IN 46750)

### IHSBCA STATE CLINIC REGISTRATION FORM

Deadline: Saturday January 16, 2016

Each coach attending must complete a separate registration form. The cost is \$80 for the head coach and \$75 for each assistant coach (\$70 for each assistant coach that is the 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> paid member of the staff attending). Hall of Fame coaches can register at a rate of \$50. Each registration includes a HOF banquet ticket and the clinic sessions. Extra banquet tickets are available in advance at a rate of \$45 each. IHSBCA membership is required to attend the clinic and it is \$35 for each coach.

School (if active): _____
Your Name: _____
Circle your role: Head Coach/Assistant Coach/ College Coach/Retired Coach/ HOF Coach/Allied Coach
Address: _____
City _____ State _____ Zip _____
Phone: ( _____ ) _____
E-mail: _____
**Please print clearly and legibly**

<b>Option 1 (Membership Fee is \$35)</b> List your IHSBCA # _____ for 2016 if you have already joined. If not, please enter \$35 in the box.	\$
<b>Option 2 (Clinic Fee for Head Coach)</b> Please enter \$80 in the box.	\$
<b>Option 3 (Clinic Fee for Hall of Fame Coach)</b> If you are a Indiana Baseball Hall of Fame member, please enter \$50 in the box and list induction year _____	\$
<b>Option 4 (Clinic Fee for Assistant Coaches)</b> Please enter \$75 (if you are the 2 <sup>nd</sup> – 4 <sup>th</sup> coach registering from your program); \$70 (if you are the 5 <sup>th</sup> – 8 <sup>th</sup> coach). Head Coach must register for the discount to apply.	\$
<b>EXTRA (banquet ticket)</b> – if you need additional banquet tickets, please enter an amount = to \$45 x the # of tickets needed.	\$
<b>Make check payable to IHSBCA - TOTAL</b>	\$

After January 16, 2016 add \$10 for a late registration fee.  
 \$10 for processing in the event of returned registration fees.  
 \$25 charge will be assessed on any check returned to the IHSBCA.