

Event: IHSBCA State Clinic
 Date: January 19 - 21, 2017
 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/IHSBCA2017>
 (Copy and paste the web address into your browser)
 Rate: \$113 (standard room) plus 17% applicable taxes
 Deadline: Clinic rooms MUST be reserved by 1/6/2016 for clinic rate

(Detach and mail to: Brian Abbott; 2340 Guilford St; Huntington, IN 46750)
 IHSBCA STATE CLINIC REGISTRATION FORM

Deadline: Saturday January 14, 2017

EACH COACH NEEDS A 2017 MEMBERSHIP

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 5th, 6th, 7th, or 8th paid member of the staff attending). Hall of Fame coaches can register at a clinic rate of \$50. 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**	Option 1 (Membership Fee is \$35) List your IHSBCA # _____ for 2017 if you have already joined. If not, please enter \$35 in the box.	\$
	Option 2 (Clinic Fee for Head Coach) Please enter \$80 in the box.	\$
	Option 3 (Clinic Fee for Hall of Fame Coach) If you are a Indiana Baseball Hall of Fame member, please enter \$50 in the box; list induction year _____; this fee covers the clinic; membership fee is separate.	\$
	Option 4 (Clinic Fee for Assistant Coaches) Please enter \$75 (if you are the 2 nd – 4 th coach registering from your program); \$70 (if you are the 5 th – 8 th coach). Head Coach must register for the discount to apply.	\$
	EXTRA (banquet ticket) – if you need additional banquet tickets, please enter an amount = to \$45 x the # of tickets needed.	\$
	Make check payable to IHSBCA - TOTAL	\$

After January 14, 2017 add \$10 for a late registration fee.
 \$10 for processing in the event of returned registration fees.
 \$35 charge will be assessed on any check returned to the IHSBCA.