

Event: IHSBCA State Clinic
 Date: January 26 - 28, 2018
 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/IHSBCA>
 (Copy and paste the web address into your browser)

Rate: \$119 (standard room) plus 17% applicable taxes

Deadline: **Rooms MUST be reserved by 1/9/2018 for clinic room rate**

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

Deadline: Saturday January 13, 2018

EACH COACH NEEDS A 2018 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

(Membership Fee is \$35) List IHSBCA # _____ for 2018 or enter \$35 in the box	\$
(Clinic Fee for Head Coach) Please enter \$80 in the box or \$50 for HOF coach	\$
(Clinic Fee for Assistant Coaches) enter \$75 for assistants 2-4 and \$70 for assistants 5 and on. Head Coach must register to receive discount	\$
(Lineup Cards) _____ packs at \$10 per pack (Banquet Tickets) _____ tickets at \$45 per ticket (Raffle Tickets) _____ tickets at \$5 per ticket Enter total for all items in this box	\$
(Early Registration Discount) each registration received before September 30 will receive a \$5 discount off the clinic fee. Enter \$5 and deduct from total	\$
Make check payable to IHSBCA - TOTAL	\$

\$10 for processing in the event of returned registration fees.
 \$35 charge will be assessed on any check returned to the IHSBCA.

