

Event: IHSBCA State Clinic
 Date: January 17 - 19, 2019
 Location: Sheraton at Keystone at the Crossing
 8787 Keystone Crossing
 Indianapolis, IN 46240
 317-846-2700 (desk) 317-574-6775 (fax)

Room Registration: <https://www.marriott.com/event-reservations/reservation-link.mi?id=1545338425330&key=GRP&app=resvlink>

(Click on the above link to reserve rooms)

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

Deadline: **Rooms MUST be reserved by 1/7/2019 for clinic room rate**

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

IHSBCA STATE CLINIC REGISTRATION FORM

Deadline: Saturday January 12, 2019

EACH COACH NEEDS A 2019 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) Each coach must have a membership to attend the clinic	\$
(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	\$
Donation for Hall of Fame Expansion. Please consider a \$50 or \$100 contribution per school.	\$
(Lineup Cards) _____ packs @ \$10 each These will NOT be mailed / must be picked up at the clinic (Banquet Tickets) _____ tickets at \$45 per ticket (Raffle Tickets) _____ tickets at \$5 per ticket **ENTER TOTAL FOR ALL ITEMS IN THIS BOX	\$
Make check payable to IHSBCA - TOTAL	\$

\$25 for processing in the event of returned registration fees.
 \$35 charge will be assessed on any check returned to the IHSBCA.