

Event: IHSBCA State Clinic  
 Date: Thursday January 12 – Saturday January 14, 2023  
 Location: Sheraton at Keystone at the Crossing  
 8787 Keystone Crossing  
 Indianapolis, IN 46240  
 317-846-2700 (desk) 317-574-6775 (fax)

Room Registration Link: <https://www.marriott.com/event-reservations/reservation-link.mi?id=1659466397601&key=GRP&app=resvlink>

(Copy and paste the web address into your browser)

Rate: \$129 (standard room) plus 17% applicable taxes  
 Deadline: **Rooms MUST be reserved by 1/04/2023 for clinic room rate**

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

**IHSBCA STATE CLINIC REGISTRATION FORM**

**Deadline: Monday January 9, 2023**

**EACH COACH NEEDS A 2023 MEMBERSHIP**

Each coach attending must complete a separate registration form. The cost is \$80 for the head coach and \$75 each for 2 assistant coaches and \$70 for each assistant coach after that. Hall of Fame coaches can register at a clinic rate of \$50. **Extra banquet tickets** are available in advance at a rate of \$50 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>(Membership Fee is \$35)</b> List IHSBCA # _____ for 2022 or enter \$35 in the box	\$
<b>(Clinic Fee for Head Coach)</b> Please enter \$80 in the box or \$50 for HOF coach	\$
<b>(Clinic Fee for Assistant Coaches)</b> enter \$75 for assistants (first 2) and \$70 for each assistant thereafter. <b>Head Coach must register to receive discount</b>	\$
<b>(Lineup Cards)</b> ____ packs at \$15 per pack of 50 (to be picked up at the clinic) (mailing is add. fee) <b>(Banquet Tickets)</b> ____ tickets at \$50 per ticket <b>(Raffle Tickets)</b> ____ tickets at \$5 per ticket <b>Enter total for all items in this box</b>	\$
<b>Hall of Fame Donation (donation will be forwarded to Ray Howard at the Indiana Baseball Hall of Fame)</b>	\$
<b>Make check payable to IHSBCA - TOTAL</b>	\$

\$30 for processing in the event of returned registration fees.  
 \$40 charge will be assessed on any check returned to the IHSBCA.

