

Event: IHSBCA State Clinic  
 Date: Thursday January 18 – Saturday January 20, 2024  
 Location: Sheraton at Keystone at the Crossing  
 8787 Keystone Crossing  
 Indianapolis, IN 46240 317-846-2700 (desk) 317-574-6775 (fax)

Hotel Room Registration Link: <https://www.marriott.com/event-reservations/reservation-link.mi?id=1694613044474&key=GRP&app=resvlink>

Online Registration Link for Clinic ONLY: (note change to Hall of Fame Banquet tickets shared below)  
[https://www.cognitofrms.com/Baseball3/\\_2024IHSBCAStateClinic](https://www.cognitofrms.com/Baseball3/_2024IHSBCAStateClinic)

Rate: \$134 (standard room) plus 17% applicable taxes  
 Deadline: Rooms **MUST** be reserved by **1/12/2024** for clinic room rate

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

**IHSBCA STATE CLINIC REGISTRATION FORM**

**Deadline: Monday January 15, 2024**

**EACH COACH NEEDS A 2024 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. **IHSBCA membership is required to attend the clinic and it is \$35 for each coach.**

**PLEASE READ:** this year we are making a change to the Hall of Fame Banquet. Coaches who are registered for the clinic will need to purchase a ticket in advance to attend the banquet and there will be a \$10 fee for that ticket. Tickets for non-registered coaches, family, and friends to attend are still \$50 to attend and must be purchased in advance also. The changes were necessitated by a price increase for the banquet and the hotel requiring the IHSBCA to submit a ‘firm head count’ in advance of the clinic. Please fill out the registration form accordingly.

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 2024 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 (must be picked up at the clinic) (\$10 fee for mailing up to 2 packs of cards) <b>(Raffle Tickets)</b> ___ tickets at \$5 per ticket (will be picked up @ clinic)	<b>Banquet Tickets for Coaches Attending Clinic</b> ___ tickets @ \$10 each <b>(ticket required to attend banquet in 2024 – this is a change!!)</b> <b>Extra Banquet Tickets for Family and Friends</b> ___ tickets @ \$50 each	\$
<b>Hall of Fame Donation (donation will be forwarded to 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.

