



IHSBCA PRE-REGISTRATION & MEMBERSHIP

Pre-registration forms must be mailed by January 2nd

Name: _____ **Title:** Head or Assistant (circle one)

School/Organization: _____ **Level:** V JV S F (circle one)

E-mail address: _____ **Telephone:** _____

SEND PAYMENT FOR: (Both check and Credit Card payment accepted by mail)

IHSBCA Individual Membership only (no clinic) \$35 (\$41 by credit card)

Membership and Individual Clinic Registration \$75 (\$81 by credit card)

IHSA high school coaches must be members of the IHSBCA. Membership is renewed yearly.

Staff Membership and Clinic Registration \$275 (\$281 by credit card)

This payment option is offered through pre-registration only. Membership and clinic fees are included. Photocopy and send a complete registration form for each member of staff by Monday, January 2nd. Up to 8 staff included in price.

Clinic Price for Non-High School Coach \$40 (\$46 by credit card)

Hall of Fame Dinner Number Attending: _____ \$50 per attendee (plus \$6 for credit card)

Hall of Fame Dinner tickets must be purchased in advance with pre-registration form.

Total Amount Enclosed _____

Credit Card Info: Visa Mastercard American Express Discover (circle one)

Name on Card _____ **Cc #** _____

Exp. Date _____ **3 Digit Security #** _____ **Billing Zip Code** _____

Checks or money order should be made payable to IHSBCA

To pay by credit card or check at the clinic, check here. _____

MAIL TO

Dave Kalal
IHSBCA
PO Box 798
Westmont, IL 60559
dkalal@elmhurst205.org

HOTEL RESERVATIONS

Westin Lombard Yorktown Center
70 Lombard Center
Lombard, IL.
630-719-8000
Mention the IHSBCA clinic for room rate