

2017 OHSAA BASKETBALL CLINIC REGISTRATION FORM

Individual clinic fee = \$45.00 Fee with partner or crew = \$40.00

Name _____ OHSAA ID# _____

Address _____

e-mail address _____

I would like to attend the on following date:

_____ Friday, June 9 _____ Saturday, June 10 _____ I could attend
either day, if needed

* Please make your checks out to:
OHIO ASSOCIATION OF BASKETBALL OFFICIALS
or just - OABO

Mail your payment to:
Steve Trout
OHSAA BK Clinic
914 West Auglaize St.
Wapakoneta, Ohio 45895