

Kentucky High School Baseball Coaches Association

Member/Convention Registration Form

School _____ Phone _____

Address _____

City _____ State _____ Zip _____

Please fill out the information below for each coach

Head Coach Name: _____

Email Address _____

Membership Type: New Renew

Assistant Coaches Names	Attending Clinic
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1. _____	Yes or No
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2. _____	Yes or No
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3. _____	Yes or No
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4. _____	Yes or No
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5. _____	Yes or No
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6. _____	Yes or No
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Membership Dues \$99 (cost covers head coach and all assistants)	\$99
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Convention Fee \$50 x ____ (Number of coaches attending clinic)	\$_____
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Total Amount	\$_____
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Please make checks out to KHSBCA

Please send all dues to:

**KHSBCA
PO Box 581202
Lou, Ky 40268**