



2010

Midwest  
Regional

SOFTBALL

COACHES  
CLINIC

February 12-13, 2010  
CINCINNATI

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937-379-9050

MIDWEST REGIONAL  
COACHES CLINIC  
C/O Clinic Director  
P.O. Box 379  
Bethel, OH 45106  
[www.obteamsports.com](http://www.obteamsports.com)

PRESORTED STANDARD  
U.S. POSTAGE  
PAID  
0000000

## REGISTRATION APPLICATION

Please use one application per participant.

**PLEASE PRINT CLEARLY**

NAME \_\_\_\_\_

\$ \_\_\_\_\_ Total Payment Enclosed

We also accept official school PO's

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MAKE CHECKS or MONEY ORDERS  
PAYABLE and MAIL TO:**

### CLINIC FEES:

\$85/person pre-registration  
\$95/person at the door  
\$55/full-time student (age 23-under)

PHONE (day) \_\_\_\_\_ FAX \_\_\_\_\_

OB TEAM SPORTS  
P.O. Box 379  
Bethel, OH 45106

EMAIL \_\_\_\_\_

VISA M/C AMEX \_\_\_\_\_

SCHOOL / TEAM NAME \_\_\_\_\_

Exp. Date \_\_\_\_ / \_\_\_\_ Name on Card (print) \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**REFUND POLICY:** Please request a refund (less \$20 handling fee) by submitting  
WRITTEN REQUEST postmarked 10 DAYS prior to clinic.  
Refunds will not be issued after 10 Days. Substitutions allowed with Directors Approval.

Confirmations will be sent by  EMAIL or  FAX only if box is checked

**NO VIDEO RECORDING DEVICES ALLOWED**

**WWW.OBTEAMSPTS.COM**

**Phone: 937-379-9050 Fax: 937-379-2270**

**(Clinic Info)**