



2025 SCBCA Baseball Clinic
Dates: January 24-26
Clinic Registration Form

Name: _____ School: _____

Address: _____

Work Phone: _____ E-mail: _____

Check one: Head Coach Assistant Coach Other: _____

Vendors/Sponsors ONLY

Business Name: _____

Contact Person: _____

Phone: _____ E-mail: _____

Company/Business Website: _____

- | | |
|---|--------------------|
| <input type="checkbox"/> Vendor's Table Only | \$150.00 |
| <input type="checkbox"/> Vendor's Table and Website Sponsor | \$200.00 |
| <input type="checkbox"/> Major Website Sponsor (Logo appears on all pages)
(Website Sponsorship, Vendor's Table) | \$300.00 |
| <input type="checkbox"/> SCBCA Clinic Registration | \$65.00 |
| <input type="checkbox"/> after January 17, 2025 | \$75.00 |
| <input type="checkbox"/> Students (Grades 7-12 Saturday only) | \$10.00 |
| <input type="checkbox"/> FCA Breakfast | Check if attending |
| <input type="checkbox"/> Captain's Choice Golf Tournament | \$ 50.00 |

TOTAL ENCLOSED \$ _____

Mail checks and registration to:

SCBCA
c/o Barry Fogle
724 Vista Farm Court
Lexington, SC, 29073

or

Art Boozer
128 Praline Drive
Prosperity SC 29127