



**2023 SCBCA Baseball Clinic**  
**Dates: January 19-21**  
**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  | \$125.00 |
| <input type="checkbox"/> Vendor's Table and Website Sponsor   | \$150.00 |
| <input type="checkbox"/> Major Website Sponsor (Logo appears on all pages)<br>(Website Sponsorship, Vendor's Table) | \$250.00 |
| <input type="checkbox"/> SCBCA Clinic Registration  | \$65.00  |
| <input type="checkbox"/> after January 12, 2023   | \$75.00  |
| <input type="checkbox"/> Students (Grades 7-12 Saturday only)   | \$10.00  |
| <input type="checkbox"/> FCA Breakfast  | \$5.00   |
| <input type="checkbox"/> Captain's Choice Golf Tournament   | \$ 50.00 |

**TOTAL ENCLOSED** \$ \_\_\_\_\_

**Mail checks and registration to:**

SCBCA  
c/o Barry Fogle  
Pelion High School  
600 Lydia Drive  
Pelion, SC 29123