



**2024 SCBCA Baseball Clinic**  
**Dates: January 18-20**  
**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)<br>(Website Sponsorship, Vendor's Table) | \$300.00           |
| <input type="checkbox"/> SCBCA Clinic Registration  | \$65.00            |
| <input type="checkbox"/> after January 12, 2024   | \$75.00            |
| 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  
Pelion High School  
600 Lydia Drive  
Pelion, SC 29123