

MICHIGAN HIGH SCHOOL SOFTBALL COACHES ASSOCIATION

2017 Clinic Registration for Non-Members

Print or Type

Name: _____

If you are a coach, please identify your team/program

Contact information

Address _____

City _____, MI ZIP _____ Phone/Cell # _____

Email _____

COSTS

Clinic: **\$70**

Make checks payable to **MHSSCA**

IMPORTANT DATES/INFORMATION

See website for clinic details <http://mhssca.com/coaches-clinic/clinic-agenda/>

Send application with payment to: MHSSCA, P.O. Box 250, Maple City, MI 49664

CLINIC

February 10th and 11th

Causeway Bay Hotel Lansing

6820 S. Cedar Street, Lansing, MI 48911

517-694-8123

Cut-off date for special gift: January 5

Cut-off date for registration: January 24