

**INDIVIDUAL REGISTRATION FORM (One Coach Only)**  
**OAT & CCC TRACK & FIELD CLINIC**  
**JANUARY 28, 29, & 30, 2010**

Name of School: \_\_\_\_\_

Name of Coach: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Coaching Position(s) - Please check all that apply

BOYS:   \_\_\_ HS           \_\_\_ MS           \_\_\_ TRACK   \_\_\_ CC

GIRLS:  \_\_\_ HS           \_\_\_ MS           \_\_\_ TRACK   \_\_\_ CC

Clinic Registration - please check all that apply:

\_\_\_    Thursday, Friday, Saturday (\$75.00 pre-registration / \$85.00 at the door)

\_\_\_    Attending Banquet (check only if positively attending the banquet)

\_\_\_    Saturday only - no banquet (\$45.00 at the door)

**THE CLINIC FEE ALSO INCLUDES MEMBERSHIP TO THE OAT & CCC as well as a free membership to USTFCCCA**

**(United States Track and Field and Cross Country Coaches Association)**

**No Phone reservations accepted. No refunds of clinic fees or pre-registration funds will be made for any reason.**

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**NOTE: THERE WILL BE NO POSTCARDS SENT. YOU CAN CHECK FOR YOUR PRE-REGISTRATION ON THE WEB SITE: OATCCC.COM**

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Pre-registration deadline: post-marked by January 15, 2010 (for banquet tickets)

Registration at the Clinic: Thursday evening from 5:30 PM to 9:00 PM

Friday and Saturday beginning at 7:30 AM - ?

Clinic Headquarters:     Hilton Columbus  
                                  3900 Chagrin Drive  
                                  Columbus, Ohio 43219  
                                  Tel: (614) 414-5000  
                                  Rate is \$115.00 + tax per night up to four occupants  
                                  (Accommodations is 2 doubles or king with a sofa bed)

MAKE CHECKS PAYABLE TO: OAT & CCC (no credit cards)  
SEND CLINIC REGISTRATION FORM AND CLINIC FEE TO :  
(Payment must accompany P.O.)

Donna Joseph  
P.O. Box 154  
Shadyside, Ohio 43947-0154