



2018 MEMBERSHIP & CLINIC REGISTRATION

School _____ GHSA or GISA Region & Class _____

Choose a Sport: Baseball Softball Both (Staff Membership per sport \$100. Both is \$200)

School Address _____ City & Zip _____

Head Coach's Name

Head Coach's Email _____ Phone _____

Career Wins in GA _____ Do you qualify for a plaque in 2018? _____ Which one?

Local Newspaper _____

Contact Name & email _____

Please list the coaches from your school that will attend the 2018 Coaches Clinic:

Georgia Dugout Club Membership Dues: \$100 Entire Staff Membership

Clinic Cost: \$75 Per Member Coach, \$120 Non Member

Member: Number of coaches attending _____ x \$75 = _____ + \$100 staff membership =
_____ Total Payment

Non Member: Number of attendees _____ x \$120 = _____ Total Payment

Make Checks Payable to the GEORGIA DUGOUT CLUB

MAIL TO:

HARVEY COCHRAN 770-428-0341 (H)
3193 BATTLE PARK WAY 770-845-0341 (C)
MARIETTA, GA 30064