

**2012 OTCA CLINIC REGISTRATION FORM**  
**PLEASE CHECK APPROPRIATE SPACES BELOW**

**CURRENT 2012 MEMBERS**

**MEMBERSHIP # 12** – \_\_\_\_\_  
 Have already paid for '12.

2 Day Registration (Prepaid) \$95.00

1 Day Registration (Prepaid) \$85.00

<p><b>MEAL CHOICE: CHICKEN</b> _____</p> <p><b>VEGETARIAN</b> _____</p>
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**NON-MEMBERS AND**

**MEMBERS NOT CURRENTLY RENEWED:**

**MEMBERSHIP # 11**- \_\_\_\_\_

2 Day Registration \$115.00

**Includes Membership renewal.**

1 Day Registration \$105.00

**Includes Membership renewal.**

**AT THE DOOR**

2 Day Registration \$165.00

1 Day Registration \$150.00

**Includes Membership renewal.**

**TO QUALIFY FOR PREPAID REGISTRATION, ALL REGISTRATIONS MUST BE POST-MARKED BY FEBRUARY 18, 2012. (Forms received after 2/18/12 not guaranteed all handouts.)**

NAME \_\_\_\_\_

TITLE: BOYS \_\_\_ GIRLS \_\_\_ BOTH \_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE (H): (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

**e-mail address** \_\_\_\_\_

CELL Ph \_\_\_\_\_

SCHOOL \_\_\_\_\_

FAX # (H) \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

DIVISION: I \_\_\_\_\_ II \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

DISTRICT: NE \_\_\_ NW \_\_\_ SW \_\_\_ SEC \_\_\_

PHONE (S): (\_\_\_\_) \_\_\_\_\_

FAX # (S) (\_\_\_\_) \_\_\_\_\_

SCHOOL e-mail \_\_\_\_\_

**MEMBERSHIP 11-** \_\_\_\_\_

YEARS COACHING: BOYS \_\_\_ GIRLS \_\_\_

RECORD: BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_

**NOTE: All activities are held at the Marriott Inn. It would be to your benefit to get a room at the motel. Be sure to identify yourself as a member of the OTCA so that you receive the special rates. To be guaranteed the special rates, you must register for your room by February 1, 2012. Check the OTCA website at [www.OTCA.us](http://www.OTCA.us) for a direct link to the Marriott Northwest or call the Columbus Marriott North-West (Dublin, Ohio) Reservation # (1-614-791-1000).**

11.30.11

**BOYS' TEAM TOURNAMENT (MAY, 2012)**

\_\_\_\_\_ Enter my Team  
 \_\_\_\_\_ DO NOT ENTER MY TEAM

**GIRLS' TEAM TOURNAMENT (SEPT., 2012)**

\_\_\_\_\_ Enter My Team  
 \_\_\_\_\_ DO NOT ENTER MY TEAM

AMOUNT ENCLOSED \$ \_\_\_\_\_

Make Checks payable to :  
**OHIO TENNIS COACHES' ASS'N**

**MAIL TO: ED WOLFF**  
**893 EAST DECKER DRIVE**  
**SEVEN HILLS, OHIO 44131-2613-93**

**Please check to see that you have given all information above, complete address, zip and phone number with area code. Have you entered the team tournament?**