



A clinic endorsed by  
The Ohio High School  
Bowling Coaches Association

[OHSB.ORG](http://OHSB.ORG)

# 2024-2025 Ohio High School Bowling **Coaches Clinic**

**Location: Bowling Palace 5707 Forrest Hills Blvd. Columbus**  
**Sat. Sept. 28, 2024** Time: **12:00-7:00 PM** Fee: **\$150.00\***

**A 1-day, comprehensive coaches clinic for both the new and experienced high school coach utilizing classroom and on lanes instruction covering these topics:**

1. OHSAA rules & regs: What you can and cannot do in high school bowling.
2. Team Organization: managing drama, social media, and managing parents.
2. Team Promotion: outside social and news media and within the school.
3. Fund raising: how to make money to support team activities.
4. Record keeping: acquisition/creation of simple, efficient software for stats.
5. Coaching 1st time bowlers: Bowling 101. Developing good habits.
6. Coaching advanced bowlers: Repeating shots, reading lanes, accuracy.
7. Equipment: Ball fit, arsenal selection, what bowlers must have in their bag.
8. The Mental Game: Concentrated focus and avoiding pitfalls.

**Clinic includes dinner & group conversation!**

**\* The registration fee for a 2nd coach from the same school is \$125.00.**

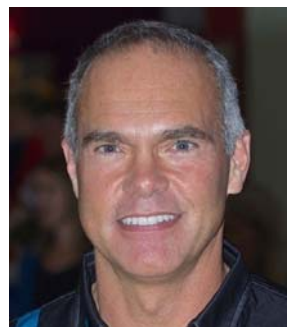
# YOUR CLINIC STAFF



## JEFF ROBINSON

### Clinic Director

USBC Silver Coach  
Director, Men's & Women's Bowling  
at Capital University  
Member, RKH Coaching Group



## RON HATFIELD

### Clinic Skills Instructor

USBC Gold Coach  
USBC International Coaching Ambassador  
Founder, RKH Coaching Group  
Author of "Bowling Beyond the Basics"

### Reservation (You can type this form at [OHSB.ORG](http://OHSB.ORG) and give to your bursar for payment)

Name: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail (required): \_\_\_\_\_ @ \_\_\_\_\_

### Method of Payment Fee: \$150.00. 2nd coach / same school: \$125.00.

Separate registration form for the 2nd coach must be enclosed.

\_\_\_\_\_ check or money order (payable to: OHSBCA) Check#: \_\_\_\_\_

\_\_\_\_\_ Credit Card Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_ / \_\_\_ 3-digits on back: \_\_\_\_\_ Zip: \_\_\_\_\_

(NOTE: There is a 4% processing fee for credit/debit cards.)

\_\_\_\_\_ school P.O. / requisition number: \_\_\_\_\_

(NOTE:) we will accept a school P.O. as a reservation with the understanding that **payment must be received on or before the date of the clinic.**

**Registration deadline: Tuesday, Sept. 26, 2023** Mail registration/payment payable to:  
**OHSBCA**, 8719 Cobblecreek Dr. Dayton, OH 45458-3369 (Fed. Tax ID#: 80-0486348)

Or email credit card paid registration to Greg Coules, [gregc300@gmail.com](mailto:gregc300@gmail.com)

Clinic Questions: [jeffrobinson724@yahoo.com](mailto:jeffrobinson724@yahoo.com) 614.296.9779 (between 5:00 PM—9:00 PM)