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***THE OHIO HIGH SCHOOL BOWLING
COACHES ASSOCIATION, Inc. (OHSBCA)***

Be a part of your coaching community...

...JOIN US!

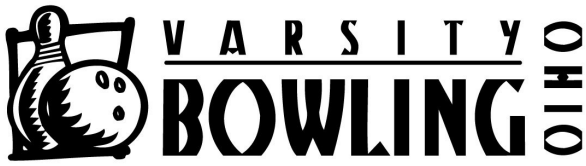
Our Mission:

- To unify all high school boys & girls bowling coaches in the State of Ohio.
- To create an official line of communication with the Ohio High School Athletic Association (OHSAA).
- To assist the OHSAA, as requested, in the operation of the state tournament.
- To foster higher standards of coaching proficiency and ethics.
- To work in harmony with members of the Bowling Centers Association of Ohio (BCAO) serving as "host" centers.
- To recognize superior performance by Ohio High School bowling athletes.
- To assist college bowling coaches to identify athletes for academic advancement and scholarships.
- To promote Ohio youth bowling grades 1-12.

Member Benefits:

- ⇒ Nominate bowlers for our State Bowler of the Year scholarship.
- ⇒ Receive Academic All-Ohio Award certificates for your eligible bowlers.
- ⇒ Post your high school tournaments on our state website.
- ⇒ **Strength in numbers give us influence with OHSAA bowling decisions!**
- ⇒ *Stay informed! Have a Voice!*

MEMBERSHIP FORM ON BACK.



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2025-2026 MEMBERSHIP FORM

Valid thru July 31, 2026. **Note: This is a type-able PDF form on OHSB.ORG**

Head Coach Membership \$25.00

Name: _____

High School: _____ OHSAA District: _____
(East, Southeast, Central, Northeast, Northwest, or Southwest)

E-Mail (**REQUIRED**): _____ @ _____

10 digit cell number: _____

Same School Assistant or JV Coach Membership \$10.00

(Add an assistant or JV coach from your school. Available only with a head coach membership.)

Name: _____

E-Mail (**REQUIRED**): _____ @ _____

10 digit cell number: _____

Affiliate Membership \$15.00

(Non-voting. Available only to BCAA members-proprietors, OHSAA Tournament Managers, OHSAA School Administrators, High School Conference coordinators, retired Ohio high school coaches, & USBC, NAIA, & NCAA college team coaches.)

Name: _____

How Affiliated?: _____

E-Mail (**REQUIRED**): _____ @ _____

10 digit cell number: _____

THIS FORM **MUST** ACCOMPANY PAYMENT.

1. Check or money order: Payable to **OHSBCA**.

MAILING ADDRESS! 8719 Cobblecreek Drive, Dayton, OH 45458-3369.

2. Credit/Debit card. \$1.25 card processing fee. Complete all the following:

Name on card: _____ Exp. Date: ____ / ____

Card Number: _____ 3 digits on back: _____

Cardholder's zip code: _____ E-mail for receipt: _____

If paying by card, either U.S. Mail to address above or e-mail as a PDF or .jpg
to: gregc300@gmail.com OHSBCA Fed. Tax I.D. #: 80-0486348