**BASIC SCOREKEEPING – 4 HOURS**

|  |
| --- |
| * This clinic deals with all notations needed to keep score properly. From the basic of scoring hits, walks and strike-outs to making errors, to runner progression.   Deposits: $56.50 Cost per clinic: $180.80 Minimum #: 8 participants |

**ADVANCED SCOREKEEPING - 4 HOURS**

|  |
| --- |
| * This clinic recaps the basic notations. From there, the clinic builds on how to summarize and balance a score-sheet. Also information on winning pitchers and losing pitchers, earned and unearned runs, batting average, on base percentage is also covered.   Deposits: $56.50 Cost per clinic: $192.10 Minimum #: 8 participants |

**REFRESHER - 4 HOURS**

|  |
| --- |
| * This clinic reviews all information that is covered in the advanced clinic. Also, this clinic provides a forum for scorekeepers to ask an expert.   Deposit: $56.50 Cost per clinic: $180.80 Minimum #: 8 participants |
| NOTE:   1. All clinic deposits include a $11.30 (H.S.T. included) non-refundable administration fee if the clinic is cancelled by the host. 2. All Clinic Fees include H.S.T. All prices EFFECTIVE April, 2017. |

**ELIGIBILITY TO HOST A CLINIC**

|  |
| --- |
| To be eligible to host a Scorekeeping Clinic you must be a current affiliated member of the PWSA OR  a Local Softball Association/League must have paid Softball Ontario’s Service/Member Fee of $113.00 (including HST) or the discounted rate of $56.50 (including HST)for Associations/Leagues that associate all their teams with one of the Softball Ontario Member Associations.  More information and the Service/Member Fee Application can be obtained from Softball Ontario at:  info@softballontario.ca. |
| Name of Association: Click or tap here to enter text. |
| Contact Person: Click or tap here to enter text. Clinic Location (Town): Click or tap here to enter text. |
| Mailing Address: Click or tap here to enter text. |
| City/Town: Click or tap here to enter text. Postal Code: Click or tap here to enter text. |
| Phone (h): Click or tap here to enter text. (b): Click or tap here to enter text. Email: Click or tap here to enter text. |
| I have read and understand the hosting obligations for running a PWSA Scorekeeping Clinic.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please Indicate the Type of Clinic you are Requesting with an X in the BOX PROVIDED.  DATE OF CLINIC (Must be a weekend) |
| () Basic 1st. Choice: Click or tap here to enter text. 2nd. Choice: Click or tap here to enter text. |
| () Advanced 1st. Choice: Click or tap here to enter text. 2nd. Choice: Click or tap here to enter text. |
| () Refresher 1st. Choice: Click or tap here to enter text. 2nd. Choice: Click or tap here to enter text. |
| *Please complete the following:*  Supplies Available *a.* Overhead & Screen Yes ( ) No () b. VCR & TV Yes () No () |
| To Reserve your PWSA Scorekeeping Clinic, mail this BID FORM along with the DEPOSIT FEE (payable to PWSA) to:  Terri Mauthe, 167 Arkell Road, Unit #5, Guelph, ON. N 1L 0J9  Complete Hosting Responsibilities will be forwarded to you after receipt of bid and appropriate deposit.  For further Information or Questions , please contact:   * Terri Mauthe E-mail: [tdmauthe2@gmail.com](mailto:tdmauthe2@gmail.com) |
| By providing the PWSA with your personal information on this clinic bid form, you are giving consent to the PWSA to collect and use your personal/association information for the following purposes: of receiving communication from the PWSA; advertising this clinic to the general public and processing clinic fees. Personal/association information is also disclosed to PWSA volunteers to service this clinic.  I also understand that the PWSA has the right to take photographs, video tape, or digital recordings of me and to use these in any and all media. |