**BASIC SCOREKEEPING – 4 HOURS**

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| * 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**

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| * 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**

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| * 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.
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**ELIGIBILITY TO HOST A CLINIC**

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| To be eligible to host a Scorekeeping Clinic you must be a current affiliated member of the PWSA ORa 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 0J9Complete 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
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| 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. |