



A clinic endorsed by  
The Ohio High School  
Bowling Coaches Association

**OHSB.ORG**

# 2022-2023 Ohio High School Bowling **Coaches Clinic**

**Location: Bowling Palace 5707 Forrest Hills Blvd. Columbus**  
**Sat. Oct. 8th, 2022 Time: 12:00-7:00 PM Fee: \$125.00\***

**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 \$100.00.

# YOUR CLINIC STAFF



**JEFF ROBINSON**

**Clinic Director**

Member, RKH Coaching Group  
Ohio State University Coach  
Notre Dame College Coach  
Marian University Coach  
USBC— silver level coach



**MARY TANG**

**Clinic Skills Instructor**

OHSAA H.S. State Champion  
& 1st team, All-Ohio.  
3-time member USBC Jr. Team USA.  
Member, Roto-Grip, & Turbo staffs.  
USBC-silver level coach.

**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: \$125.00. 2nd coach / same school: \$100.00.

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

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

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

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, October 4, 2022** Mail registration/payment payable to:  
**OHSBCA**, 8719 Cobblecreek Dr. Dayton, OH 45458-3369 (Fed. Tax ID#: 80-0486348)

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