

2014 MID-STATES SWIMPOSIUM

October 3-5, 2014

NORTHPOINTE HOTEL & CONFERENCE CTR

100 Green Meadows Drive South, Lewis Center, OH 43035

Keynote Speakers • Pool Sessions • Vendor Village
Swimwear Preview • Luncheon • H.S. Rules Interpretation

KEYNOTE SPEAKERS PROVIDED BY:



Eddie Reese
Univ of Texas
Head Coach



Jess Book
Kenyon College
Head Coach



Randy Reese
Clearwater Aquatics
Head Coach



To Be
Announced

SPONSORED BY:

OHSSCA



Kast-a-way
SWIMWEAR & KAM AWARDS

**SAVE
THE DATE!**

OCT. 3-5

Multi-Coach Discount

**CLICK
HERE**

to download clinic
registration form

For further information call 800.543.2763
or email swimposium@kastawayswimwear.com

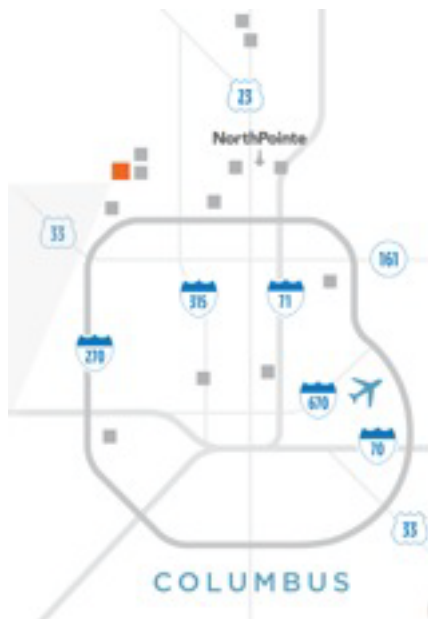
2014 MID-STATES SWIMPOSIUM

NorthPointe Hotel

100 Green Meadows Dr. S
Lewis Center, OH 43035

phone: 614.880.4300
fax: 614.233.9393

A Special Clinic Rate of \$132 (Parlor Suite) or \$122 (King Deluxe Room) is available before 9/11/14. These rates include breakfast. **BOOK EARLY FOR BEST ROOM SELECTION.**



DUE TO A LARGE CONSTRUCTION PROJECT, NORTHPOINTE STRONGLY SUGGESTS AVOIDING ROUTE 23.

DIRECTIONS TO HOTEL:

FROM SOUTH:

From I-71 North, take Exit 121. Go Right on Polaris Parkway/OH-750 approximately 3 miles and Conference Center will be on your left.

FROM NORTH:

From I-71 South, take Exit 121. Go Right on Gemini Place for 1.1 miles. Turn right on Polaris Parkway/OH-750. Go 1.7 miles and Conference Center will be on your left.

FROM EAST:

I-70 East to I-270 North. Take Exit 121. Turn Right on Polaris Parkway/OH-750 approximately 3 miles. Conference Center will be on your left.

FROM WEST:

I-70 West to I-270 North to I-71 North. Take Exit 121. Turn Right on Polaris Parkway/OH-750 approximately 3 miles. Conference Center will be on your left.

www.northpointecenter.com

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SEND COMPLETED FORMS TO:
 Kast-A-Way Swimwear
 Attn: Swimposium
 9356 Cincinnati-Columbus Rd.
 Cincinnati, OH 45241
 (800) 543-2763 (513) 777-1062 (Fax)

Team Name: _____

Team Website: _____

Coach #1: _____ _____ Phone: _____ Email: _____ Affiliation: <i>(Check all that apply)</i> <input type="checkbox"/> Jr. High <input type="checkbox"/> Head Coach <input type="checkbox"/> HS <input type="checkbox"/> Asst. Coach <input type="checkbox"/> YMCA <input type="checkbox"/> Dive Coach <input type="checkbox"/> USS <input type="checkbox"/> Boys <input type="checkbox"/> Girls Would you like to receive OHSSCA emails? Yes <input type="checkbox"/> No <input type="checkbox"/>	Coach #2: _____ _____ Phone: _____ Email: _____ Affiliation: <i>(Check all that apply)</i> <input type="checkbox"/> Jr. High <input type="checkbox"/> Head Coach <input type="checkbox"/> HS <input type="checkbox"/> Asst. Coach <input type="checkbox"/> YMCA <input type="checkbox"/> Dive Coach <input type="checkbox"/> USS <input type="checkbox"/> Boys <input type="checkbox"/> Girls Would you like to receive OHSSCA emails? Yes <input type="checkbox"/> No <input type="checkbox"/>	Coach #3: _____ _____ Phone: _____ Email: _____ Affiliation: <i>(Check all that apply)</i> <input type="checkbox"/> Jr. High <input type="checkbox"/> Head Coach <input type="checkbox"/> HS <input type="checkbox"/> Asst. Coach <input type="checkbox"/> YMCA <input type="checkbox"/> Dive Coach <input type="checkbox"/> USS <input type="checkbox"/> Boys <input type="checkbox"/> Girls Would you like to receive OHSSCA emails? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Payment Address: _____

City: _____ **State:** _____ **Zip:** _____

Registration (Check all applicable boxes and total)	
<input type="checkbox"/> Clinic Registration (single)	\$140
<input type="checkbox"/> Multi-Coach Clinic Registration (three or more coaches from same team)	\$115 each
Luncheon Graciously Provided by OHSSCA	
TOTAL AMOUNT	

Payment Options

Checks, MasterCard, Visa, Discover or American Express. All credit card payments will appear on your monthly statement as a payment to **Kast-A-Way Swimwear, Inc.** A late fee of \$25.00 will apply to ALL registrations recieved after 9/18/2014. Please include this fee when writing checks or planning other payment.

Total Amount Enclosed: \$ _____

Credit Card #: _____ **Expiration Date:** ____ / ____

Check #: _____ **CC Security Code:** _____