



2024 BCAM COACHES CLINIC

Dear Vendor:

Just a note to make you aware of the **41th Annual BCAM Coaches Clinic**. We are expecting 700 to 900 coaches to be in attendance for the clinic on Saturday, **October 12, 2024**. Several top college and professional coaches will be featured speakers at the clinic. The clinic will be held at **Oakland University's O'rena, 569 Pioneer Dr, Rochester, MI 48309**. (If using a Map App, be sure to include the zip code, or it may display the wrong directions).

Saturday Clinic Hours: 8:00 a.m. - 5:00 p.m. (Booth set-up any time after 6:00 a.m.)

Cost of One Exhibitor Table - \$225.00

Two Tables - \$425.00

Three Tables - \$575.00

Four Tables - \$700.00

Zero Tables (Information in Registration Packet Only) - \$125.00

Due to "exclusivity clauses" in our corporate sponsors' contracts, only GAME ONE can display uniforms, apparel, and footwear. In addition, only RAWLINGS basketballs can be displayed. If you have questions about these terms, please email danyoung@bcam.org with questions.

Also, we are looking for all types of "give-a-ways" which you may use for advertising in the attendees' registration packets. Mail flyers and give-a-ways to Dennis Hopkins (address below) by October 4th. If you wish to donate a door prize, please list your company's door prize(s) on the contract. Door prizes do not need to be mailed ahead of time.

HOTEL INFO (or you can choose your own hotel) Auburn Hills Marriott Pontiac, 3600 Centerpoint Parkway, Pontiac, MI 48341. Room Reservation Link for \$139.00 plus tax: www.bcam.org/reserve-room Or phone 248-253-9800 and mention "BCAM Clinic" rate. This rate is good through September 20th only.

Thank you for considering the BCAM Clinic as a vendor site for your company.

Sincerely,
Dennis Hopkins, Vendor Chairman
248-421-5437
coachdhopkins@gmail.com

Please mail the contract with your payment (make check to: BCAM) by October 1 to:

**BCAM – Attn: Amy Heydenburg
1257 W Stanton Rd
Stanton, MI 48888**

Please send any flyers or give-a-ways by October 4 to:

**Dennis Hopkins
Oakland Christian School
3075 Shimmons Rd
Auburn Hills, MI 48326**

BCAM is not responsible for exhibitor's display goods.

BCAM Basketball Clinic Exhibitor Contract

We _____ agree to be a vendor.
Company Name

Number of tables needed _____ = \$ _____

Door Prize (if applicable) _____

Does your booth need access to an electrical outlet? (circle one) YES NO

Company Address

City State Zip Code

Phone Number Contact Person (Print)

Email Address Website Address

Signed _____ Date _____

Person Attending Clinic (Print) _____

Please return this form by October 1, 2024 to

***BCAM – Attn: Amy Heydenburg
1257 W Stanton Rd
Stanton, MI 48888***

PAYMENT: *Choose One Option*

_____ Check (made out to BCAM) is enclosed in the amount of: \$ _____

_____ Pay by credit card (VISA, MC, Discover) (3% fee will be added to credit card payments)

Card Number _____

Expiration Date _____

Email address to send receipt of payment _____