

I.H.S.W.C.A.

INDIANA HIGH SCHOOL WRESTLING COACHES ASSOCIATION

MEMBERSHIP (ONLY) FORM

YOU DO NOT HAVE TO SEND THIS FORM WITH CLINIC
REGISTRATION

NAME _____

SCHOOL NAME _____

HOME
ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS

PHONE(_____) _____ CELL(_____) _____

FAX (_____) _____

Coaching Level Head Coach _____ Assist _____ Jr. High _____ Official _____ Other _____

CHECK THE MEMBERSHIPS THAT YOU WISH TO PURCHASE

IHSWCA - \$25.00 _____ Associate/Retired - \$20.00 _____

NWCA - \$30.00 _____

TOTAL AMOUNT ENCLOSED FOR THIS COACH \$ _____

Make all checks payable to I.H.S.W.C.A and send to:

Trent R. Staggs – IHSWCA Secretary
Martinsville High School
1360 East Gray Street
Martinsville, IN 46151
staggt@msdmail.net