

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

INDIANA HIGH SCHOOL WRESTLING COACHES ASSOCIATION

MEMBERSHIP (ONLY) FORM

NAME _____ SCHOOL NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

PHONE (____) _____ 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 _____

ISWA - \$30.00 _____

TOTAL AMOUNT ENCLOSED FOR THIS COACH \$ _____

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

J.D. Minch - IHSWCA Sec./Treas.
North Montgomery High School
5945 US 231 North
Crawfordsville, IN. 47933
Phone: 765-362-5140
FAX: 765-362-6710