

**Illinois High School Girls Gymnastics Coaches Association
2017-2018**

ASSOCIATION & CLINIC DUES

PLEASE PRINT NEATLY

Head Coach _____ Assistant Coach _____ Associate Member _____

NAME _____

SCHOOL _____ CONFERENCE _____

(W)(_____) _____ FAX (_____) _____

(H)ADDRESS _____ CITY _____ ZIP _____

(H)(_____) _____ MOST COMMONLY USED E-MAIL _____

The above information will be published in the coaches' directory/website, unless you indicate otherwise.

* Please indicate who and what your check will be covering below:

CLINIC FEE & ASSOCIATION DUES		ASSOCIATION DUES ONLY	
__Head Coaches:	\$100.00	__Head Coaches:	\$60.00
__Asst. Coaches:	\$90.00	__Asst. Coaches:	\$50.00
__Associate members:	\$60.00	__Associate members:	\$20.00

Please list your assistant coaches and their e-mail addresses:

1. _____ email: _____
2. _____ email: _____
3. _____ email: _____

Please submit a separate membership form for each assistant.

COACHES: Please bring this membership form with you to the fall clinic to expedite registration. Receipts will be available. If your school is paying the registration fee and will be mailing the check, please make the check payable to: **IHSGGCA** and send with your membership form to:

Andy Morreale
2934 Greenwood Acres Dr
Dekalb, IL 60115

*** Coaching Staff Discount: Take 10% off total registration/dues or dues if your entire coaching staff will be joining the **IHSGGCA*****