

Illinois High School Girls Gymnastics Coaches Association
2018-2019

ASSOCIATION REGISTRATION

PLEASE PRINT NEATLY

Head Coach_____ Assistant Coach_____ Associate Member_____

NAME_____

SCHOOL_____ CONFERENCE_____

(W)(_____)_____ CELL (_____)_____

(H)ADDRESS_____ CITY_____ ZIP_____

(H) (_____)_____ Most commonly used Email address_____

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

ASSOCIATION DUES
(Clinic Fees are Included)

| | |
|--------------------|----------|
| Head Coaches: | \$100.00 |
| Asst. Coaches: | \$90.00 |
| Associate members: | \$20.00 |

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

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

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 to:

Andy Morreale
2934 Greenwood Acres Drive
DeKalb, IL 60115

PLEASE FILL OUT ONE FORM FOR EACH COACH REGISTERED