

**Illinois High School Girls Gymnastics Coaches Association
2019-2020**

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 BUT they must register on their own form.

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:

Kim Estoque
8234 B Portsmouth Dr
Darien, IL 60561

PLEASE FILL OUT ONE FORM FOR EACH COACH REGISTERED