

**Illinois High School Girls Gymnastics Coaches Association
2020-21**

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

All Official IHSGGCA Members

Special Covid rate \$50

Associate members: \$20.00

COACHES: Please mail this membership form Receipts will be returned to you by email. If your school is paying the 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