



**Dues \$50**

# South Dakota High School Coaches' Association

## MEMBERSHIP FORM

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

Email: \_\_\_\_\_

**Check all of the boxes that apply:**

<u>Head Coach:</u>	BB <input type="checkbox"/>	CC <input type="checkbox"/>	Cheer <input type="checkbox"/>	Dance <input type="checkbox"/>	FB <input type="checkbox"/>	Gym. <input type="checkbox"/>
	Golf <input type="checkbox"/>	Tennis <input type="checkbox"/>	Soccer <input type="checkbox"/>	T&F <input type="checkbox"/>	VB <input type="checkbox"/>	WR <input type="checkbox"/>
<u>Asst. Coach:</u>	BB <input type="checkbox"/>	CC <input type="checkbox"/>	Cheer <input type="checkbox"/>	Dance <input type="checkbox"/>	FB <input type="checkbox"/>	Gym. <input type="checkbox"/>
	Golf <input type="checkbox"/>	Tennis <input type="checkbox"/>	Soccer <input type="checkbox"/>	T&F <input type="checkbox"/>	VB <input type="checkbox"/>	WR <input type="checkbox"/>

Athletic Director:

**Mail your \$50 membership fee to:  
SDHSCA  
Jim Dorman, Executive Director  
801 W Eagle Ridge Street  
Sioux Falls, SD 57108**

**SOUTH DAKOTA COACHES FOUNDATION**

I would like to contribute to the South Dakota Coaches' Foundation

\$10       \$20       Other