



South Dakota High School Coaches' Association

MEMBERSHIP FORM

Name:

Home Address:

City:

State:

Zip:

Home 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"/>	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"/>	T&F <input type="checkbox"/>	VB <input type="checkbox"/>	WR <input type="checkbox"/>	

Athletic Director: ☐

Mail your \$40 membership fee to:
SDHSCA
Jim Dorman, Executive Director
801 W Eagle Ridge St
Sioux Falls, SD 57108

SOUTH DAKTOA COACHES FOUNDATON

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

☐ \$10 ☐ \$20 ☐ Other