South Dakota High School Coaches' Association

MEMBERSHIP FORM 2018-2019

Name:				
Address:		7: 6.1		
City:		Zip Code	(C) DI	
State: Zip: School:	(H) Phone_	E-Mail	_(C)Phone	
Check appropriate Co		E-IVIAII		
	ach, Assistant	Cheer Coach		
Mail your \$40 membe	· ———			
First Year Coaches \$1	-			
SDHSCA				
Jim Dorman, Executiv	e Director			
801 W Eagle Ridge St				
Sioux Falls SD 57108				
2018-2019 SDHSCA MEMBERSI The only requirement before			OHSCA	
Please return to:	•			
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Bruce Kleinsasser		etary		
1220 N Lloyd, Abe	rueen SD 5/401			
Name				
Home Address		C:4	y State	Zip
Home/Cell Phone		•	·	·
Number				
Email Address				
(required!!)				
Most information/contact	materials, etc. will be so	ent by email!!!!		
C 1 1				
School				
Sideline Cheer Coach	or Compatitive Ch	oor Coach		
(Please circle what yo	-	CI CUACII		
	a couch,			
SDCCA Membership \$25				
Official Use Only: Check Nun	nber Cash	Danson tal	ing Application	