

Michigan High School Softball Coaches Association

2020 Membership Application and Clinic Registration

Print or Type

High School: _____	Division _____
Head Varsity Coach _____	Assistant Coach/ Sub Varsity Coach/ Retired _____
2019 Member Y/N <input type="checkbox"/>	Changes from last year / What: _____
For coaching milestones please contact Kathy Moody Breece to be eligible to receive your awards at teach15@yahoo.com Deadline is December 15 th .	
Home Address _____	City _____ MI ZIP _____
Home Phone _____	Email _____

<u>Varsity Coaching Record</u>	
Years of Coaching & Service to the Association _____	
Head Coach Career Record _____	
Wins _____	Losses _____

<u>JV Coaching Record</u>	
Years of Coaching & Service to the Association _____	
Head Coach Career Record _____	
Wins _____	Losses _____

<u>Assistant Coach</u>	
Years of Coaching & Service to the Association _____	

Cost of Membership only	
Varsity & JV. Coaches without clinic	\$60
Middle School & Youth Coaches without clinic	\$60

Cost of Clinic - includes membership	
\$120	\$130 at the door

If you are coming to the clinic will you be attending	
the Banquet Y/N	<input type="checkbox"/>

Clinic Information: Jan 24th – 25th
 Causeway Bay Hotel - 6820 Cedar St. Lansing
 517-694-8123
 Cut off date for special gift **December 29**
 Cut off date for registration: **January 16**
 After date pay at the door **\$10 late fee**

Jobs interested in volunteering for:	
Dist. Rep <input type="checkbox"/>	Clinic <input type="checkbox"/>
Reg. Rep <input type="checkbox"/>	Scholarship <input type="checkbox"/>
Rankings <input type="checkbox"/>	Ethics <input type="checkbox"/>
Hall of Fame <input type="checkbox"/>	All Star Game <input type="checkbox"/>

School Rate
 Cost for 5, 6, 7 or 8 Members is \$500
Add \$110 per person after the 8th Member

Cut off for membership , Postmarked by
April 15th
 After April 15 take the application payment
 plus a **\$10 late fee** to the District meeting
No Exceptions
Do not send after April 15

Lifetime Membership	
For Retired Coaches	
Life Membership	\$100.00
Life Members Clinic Fee	\$30.00

MHSSCA
P.O.Box 250
Maple City Michigan 49664