

SDFBCA Coaching Staff Membership Form

*Register your entire staff with single form

School _____ SDFBCA Region _____ Classification _____

Coach 1 (HC) Name _____ **Address** _____

City/State/Zip _____ Phone _____

Wins _____ Losses _____ Years Coaching _____ Email _____

Coach 2 – Name _____ **Address** _____

City/State/Zip _____ Phone _____

Years Coaching _____ Email address _____

Coach 3 – Name _____ **Address** _____

City/State/Zip _____ Phone _____

Years Coaching _____ Email address _____

Coach 4 – Name _____ **Address** _____

City/State/Zip _____ Phone _____

Years Coaching _____ Email address _____

Coach 5 – Name _____ **Address** _____

City/State/Zip _____ Phone _____

Years Coaching _____ Email address _____

Coach 6 – Name _____ **Address** _____

City/State/Zip _____ Phone _____

Years Coaching _____ Email address _____

Coach 7 – Name _____ **Address** _____

City/State/Zip _____ Phone _____

Years Coaching _____ Email address _____

Coach 8 – Name _____ **Address** _____

City/State/Zip _____ Phone _____

Years Coaching _____ Email address _____

PAYMENT INFORMATION

***Membership to the SDHSCA (Parent Organization) is required to be member of SDFBCA.**

SDFBCA Membership \$20 per individual, # of individuals _____ x \$20 = _____ Total

Please send completed membership form and payment to:

Kim Nelson
1708 S Kinderhook Ave
Sioux Falls, SD 57106

SDHSCA (Parent Organization) Payment Information

SDHSCA Membership \$50 per individual, # of individuals _____ x \$50= _____ Total

Please send SEPARATE CHECK and COPY of MEMBERSHIP FORM to:

SDHSCA
Jim Dorman, Executive Director
801 W Eagle Ridge St
Sioux Falls, SD 57108