



FILL OUT THE APPROPRIATE FORM BELOW AND SEND TO :

NSHSTCA
 c/o Mark Hoffman
 South Milwaukee HS
 801 15th Avenue
 South Milwaukee, WI 53172

State Coaches' Association Membership Form: Fee \$100 TO NSHSTCA

State _____

Association President _____ Email _____

Address _____ Phone (Work) _____
 _____ (Home) _____
 _____ (Cell) _____

Association Website _____

Does your association sponsor a clinic for track & field or cross country coaches' clinic? _____

If so, please provide site, dates, times and any pertinent contact information.

Affiliate Membership Form: \$10 FEE NSHSTCA

Name _____ Affiliation _____

Email _____

Address _____ Phone (Work) _____
 _____ (Home) _____
 _____ (Cell) _____

Check all that apply

- My state has a track and/or cross country coaches' association.
- My state has a track and/or cross country coaches' clinic.
- I would be willing to work with the Senate to start an association or clinic in my state.
- I would be willing to work with the Senate as a contact to pass along information electronically to the high school coaches of my state. This would require access to email lists and websites that would reach the coaches of your state.