

IHSVCA



New Membership Registration

First Name _____ Last Name _____

Job Title Varsity Head Coach, Varsity Assistant Coach, JV Coach, Assistant JV Coach,

Freshman Coach, Assistant Freshman Coach, Junior High Coach, Youth Coach,

Official, Other _____

Gender Female, Male

Years coaching _____

Name of High School _____

Class A, 2A, 3A, 4A Sectional (1-64) _____

School Street Address _____

City _____

Zip Code _____

Coach's Phone _(_____) _____

School Email _____

Personal Email _____

Membership is \$35

Make checks payable to the IHSVCA.

Mail to Michelle York, Heritage Christian High School

6401 E. 75th Street, Indianapolis, IN 46250