

New Memb. #

Date Rcd

Clinic Reg. #

Ck Amt

Ck #

Cash

OFFICE USE ONLY



montana coaches association

**MCA MEMBERSHIP APPLICATION**

2018-2019 (6/1-5/31) Dues \$35 Includes Liability Insurance for Active Coaches

**MCA CLINIC PRE-REGISTRATION**August 1<sup>ST</sup>, 2<sup>ND</sup> & 3<sup>RD</sup> FEE \$65 (must be received by July 26<sup>TH</sup>)Online registration is preferred at [www.montanacoaches.com](http://www.montanacoaches.com) (Online fees are paid by MCA)

PLEASE PRINT LEGIBLY OR TYPE:

Name \_\_\_\_\_  
FIRST & LAST NAME ONLY. PLEASE USE 1ST NAME YOU ARE NORMALLY CALLEDSchool \_\_\_\_\_  
WHERE YOU COACH OR ARE AD OR TRAINERCheck One ☐ AA ☐ A ☐ B ☐ C Associate Members please line out all.

HS JH MS Elem (circle highest level only) Example: If you coach HS &amp; JH both, circle only HS.

Mailing Address  
(preferably home) \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Cell or Home \_\_\_\_\_ School \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail  
(required): \_\_\_\_\_**Active Coaches - Mark all Athletic Responsibilities for (2018-2019)**

	Boys Men	Girls Women	HS Head	HS Assistant	JH Elem	
Football			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To complete this portion, you must be on the Athletic Department roster of the school you listed.
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volleyball			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wrestling			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you coach both genders and are head in one and assistant in another, please mark a clear H or A where appropriate.
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Softball			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cheerleading			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Athletic Director			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Athletic Trainer <input type="checkbox"/>						
Strength & Conditioning coach <input type="checkbox"/>						

☐ **MCA membership 2018-19 (6/1-5/31)** (required and non-refundable) **\$35**☐ **Clinic Pre-Registration** (must be received by 7/26<sup>TH</sup>) **\$65**(non-refundable after 7/26<sup>TH</sup>. Partial refund before 7/26<sup>TH</sup>)

\*Board &amp; Great Falls committee – Write Com or Bd in box

\*Clinic Speakers- no clinic fee – Write SP in box

☐ **Non-Member clinic attendee** (I do not coach at a school) **\$100**☐ **Wednesday lunch at Clinic** (No charge for speakers & board) **\$5**☐ **Donation to Ralph Halverson Scholarship** Tax deductible

If mailing make check to MCA &amp; send to:

(Canadian Checks must indicate US Funds)

**MCA**

375 RAMBLE INN ROAD

FORT SHAW, MT 59443

**Total****Associate Memberships**College ☐Administration ☐Out of State ☐Retired ☐

Retirees must have coached 10 or more years at a school, unless it is 1st year out of service-

Confirm service on form below (required for all members)

**To receive longevity awards, you must apply online: Jan 1-June 15.****Coaching History - # years as coach, trainer or AD through May 2018 (Required)**

School (where you coached) Just one line for each school	City & State	How many years at this school?	What did you coach? (ie: HBBB, AT&F, JHFB)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

(If you coached at 2 schools at same time list both on one line.)

**Total years in school athletics****(through May 2018)**