OFFICE USE ONLY											
New Memb. #	Date Rcd	Clinic Reg. #	Ck Amt	Ck#	Cash						



PLEASE PRINT LEGIBLY OR TYPE:

## MCA MEMBERSHIP APPLICATION

2019-2020 (6/1-5/31) Dues \$40 Includes Liability Insurance for Active Coaches

## MCA CLINIC PRE-REGISTRATION

July 31<sup>ST</sup>, August 1<sup>ST</sup> & 2<sup>ND</sup> FEE \$65 (must be received by July 23<sup>RD</sup>)

Online registration preferred (Dues still \$35 @ www.montanacoaches.com)

Active Coaches - Mark all Athletic Responsibilities for (2019-2020)

FIRST & LAST NAME ONLY. PLEASE USE 1ST NAME YOU ARE NORMALL		Boys Men	Girls Women	HS Head	HS Assistant	JH Elem						
		Football		***************************************				To complete this				
School where you coach or are ad or trainer	Basketball						portion, you must					
Check One ☐ AA ☐ A ☐ B ☐ C Associate Members pleas	se line out all.	Track & Field						be on the Athletic Department roster				
		Volleyball Wrestling						of the school you				
HS JH MS Elem (circle highest level only) Example: If you both, circl	le only HS.	Cross Country						listed.				
Mailing Address	Swimming						If you coach both					
(preferably home)	Tennis Golf						genders and					
City ST 7%		Softball						are head in one and assistant in				
CitySTZip           Cell or Home         School		Soccer						another, please				
Phone:Phone:		Cheerleading Athletic Director						mark a clear H or A where appropriate.				
E-mail (required):		Athletic Trainer	Stre	ngth & Co	_	_	_	more appropriate.				
			Г				_					
☐ MCA membership (required and non-refundable)		line) Mailed \$40	L					ate Memberships				
Clinic Pre-Registration (must be received by 7/23 (non-refundable after 7/23 <sup>RD</sup> . Partial refund before 7.	\$65				College □ Administration □							
*Board & Great Falls committee – Write Com	,		_					stration ∟ State □				
*Clinic Speakers- no clinic fee – Write SP in b	ox		Г				Retired					
☐ Non-Member clinic attendee (I do not coach at a graph)	\$105	5 <u> </u>					s must have coached					
☐ Wednesday lunch at Clinic (No charge for speak	\$5	L					ore years at a school,					
		Γ			$\neg$	unless	it is 1st year out of -					
☐ Donation to Ralph Halverson Scholarship Tax de	ductible		L									
If mailing make check to MCA & send to: MC		г			_	1	firm service on					
(Canadian Checks must indicate US Funds) 375	I ROAD Total				form below (required for all members)							
FORT SHAW, MT 59443												
To receive longevity aw	ards, you	must apply	onlii	ne: Ja	n 1-J	une	15.					
(Required) Coaching History -	# years a	s coach, trai	iner	or AD	thro	ugh	May	2019				
School (where you coached)			How	many y	ears	W	hat di	d you coach?				
Just one line for each school	City & State		at this school?			(ie: HBBB, AT&F, JHFB)						
						,						
1												
2												
3												
4												
4												
5												
5												
6												
7												
8.												
(If you coached at 2 schools at same time list both on one line.)  Total y	ool athletics				(thr	ouah	May 2019)					
same time list both one line.)	, Jui J III JUII	Joi utiliblios			1	7 61 11	~ug:I	ay =010/				