

PHSSCA Membership Form

NAME: _____

MAILING ADDRESS:

Phone: (____) ____ - _____ X _____

Email: _____

For Regular Membership, please provide:

SCHOOL
DISTRICT: _____

HIGH SCHOOL: _____

SWIM DISTRICT: _____ (1-12)

SCHOOL CLASSIFICATION (circle): AA AAA

COACHING POSITION (circle all that apply):

BOYS GIRLS

HEAD COACH ASSISTANT COACH

Please check membership level desired:

- Regular Membership
 Associate Membership

Send this form, along with \$15.00 (made out to PHSSCA) to:

Bill Kennedy
126 Iron Run Road
Bethel Park, PA15102