

WASHINGTON STATE COACHES ASSOCIATION



2006-2007 Membership Application

See our website at
www.washcoach.org

Please **PRINT** All
 information **LEGIBLY**

Date _____

Name _____

Mailing Address _____

City, State, Zip _____

Home Phone _____

School Where Coaching _____

Name of the School District _____

School Phone _____

Preferred Email address(es) _____
 (Please help us communicate more effectively by including this)

Which Sport Group should receive credit _____

Benefits Include:

- *State Tournament Pass for All WIAA Tournaments.
- *Liability Insurance Coverage of \$1,000,000 to cover members while working a scheduled, sanctioned and supervised WIAA sport or event. Contact 1-800-257-4860 X757.
- *Your senior sons or daughters are eligible to receive WSCA scholarships.
- *Hall of Fame eligibility.
- *Eligibility for Coach of the Year awards.
- *Eligibility to coach in WSCA All Star games.
- *Enhanced professional growth to continue in the coaching field.
- *Window decal upon request.
- *Eligibility for publication in your magazine THE WASHINGTON COACH.
- *Coaching Clinics.

Send completed form with \$35.00 to:

Jerry Parrish, Executive Secretary 18468 8th Avenue NE Poulsbo, Wa 98370	1-800-441-7776 jparrish21@comcast.net
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Benefits effective upon receipt of application and \$35.00.
Membership is from 8/1/06 through 7/31/07.

Mark Sports Coached with a 1, 2 or 3 for
 Preference and check the H or A column for
 Head or Assistant Coach

Preference	H	A	Years Coached
<input type="checkbox"/> Baseball			_____
<input type="checkbox"/> Basketball (B) (G)			_____
<input type="checkbox"/> Bowling			_____
<input type="checkbox"/> Certified Trainer			_____
<input type="checkbox"/> Cheer			_____
<input type="checkbox"/> Cross Country (B) (G) (Both)			_____
<input type="checkbox"/> Dance			_____
<input type="checkbox"/> Drill			_____
<input type="checkbox"/> Football			_____
<input type="checkbox"/> Golf (B) (G) (Both)			_____
<input type="checkbox"/> Gymnastics			_____
<input type="checkbox"/> Soccer (B) (G)			_____
<input type="checkbox"/> Softball (FP) (SP)			_____
<input type="checkbox"/> Swim & Dive (B) (G) (Both)			_____
<input type="checkbox"/> Tennis (B) (G) (Both)			_____
<input type="checkbox"/> Track & Field (B) (G) (Both)			_____
<input type="checkbox"/> Volleyball			_____
<input type="checkbox"/> Wrestling			_____
<input type="checkbox"/> Other Sport-Please Specify			_____

- _____ Non Teacher
- _____ Retired from teaching but still coaching
- _____ Retired from coaching but still teaching
- _____ Totally Retired from both

We want to know more about our coaches.

Could you please tell us:

1. High School and College attended;
2. Other sports coached at this school;
3. Other schools where you have coached;
4. Sports you coached while there;
5. How long you coached each sport;
6. The school years you were there;
7. Notable W/L or playoff records, awards received;
8. Total years in coaching.

USE BACK OR EXTRA IF NECESSARY