

2021 -22 IBCA MAIL-IN MEMBERSHIP REGISTRATION FORM

School Info:

School Name: _____ School County: _____

School Address: _____

School City, State, Zip: _____

Coaching Staff:

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

*****PLEASE FILL OUT THE INFORMATION FOR AS MANY COACHES AS YOU CAN NOW.
YOU MAY ADD ADDITIONAL COACHES UP TO THE NUMBER YOU PURCHASE ONLINE LATER!**

Individual Coach = \$40

Staff Membership (up to 6 coaches) = \$95

Retired Coach = \$10

School Membership (up to 15 Coaches) = \$140

*****NEW THIS YEAR - STATEWIDE CLINIC FEE*****

If any coaches from your school wish to attend the Statewide Clinic at Illinois Wesleyan on September 19th & 20th, please add \$25. This fee covers ALL coaches who wish to attend. An RSVP form will be e-mailed once payment has been received.

**Please mail this form with a check payable to IBCA to:
IBCA Membership Office, 6711 Sands Rd, Ste B, Crystal Lake, IL 60014**