	IO HIGH SCHOOL BASKETBALL COACHES MEMBERSHIP APPLICATION 2024-2025 Join Now (Boys Coaches / Girls Coaches) Fee \$25 Per Coach District No:							
GARCHES ASSOCIATION								
Name (Last, First, Middle Initial): 1 Email:	(PLEASE PR	INT CLEARLY O Last Fo	R TYPE THE ur Digits	E FOLLOWI Social Se	NG INFO curity:	PRMATIO	DN)	
School:		Div	vision:	I II	III	IV	V VI	VII
School Address:				_ Check:	Boys		Girls	
City:	State:	_Zip:		(Please Enter	r Nine Dig	git Zip Co	ode)	
COACHING INFORMATION Years of Coaching:				all Varsit Record:	V	VON	hio Wins LOS	ST
I would like to join the following Assis NAME 2. 3.	LAST FOU	IR DIGITS I	EMAIL A		8			_
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12.								
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14								

(Please Enter Last Four Digit of Social Security Number. These are going to be used for identification.)

Membership Deadline - December 31, 2024 All Applications must be postmarked by December 31st Make Checks Payable to: OHSBCA Mail ALL APPLICATIONS TO: OHSBCA, PO Box 252, Uniontown, OH 44685 (Note: No elected positions this year - No Ballot)