

**Indiana High School Swimming Coaches Association
2006-2007 Membership Application and Fall Clinic Registration
Please TYPE or PRINT**

Coach's Name: _____
School: _____
School Address: _____
City, State & Zip Code: _____
School Phone: (____)____-_____
School FAX: (____)____-_____
E-Mail Address: _____
Home Address: _____
City, State & Zip Code: _____
Home Phone: (____)____-_____

Please Choose One of the Membership Plans

**Indiana High School Swimming Coaches Association-IHSSCA
National Interscholastic Swimming Coaches Association-NISCA
American Swimming Coaches Association-ASCA**

_____ **\$25.00 IHSSCA Head Boys or Girls**
_____ **\$30.00 IHSSCA Head for Both**
_____ **\$20.00 Assistant or Diving Coach**
_____ **\$70.00 IHSSCA & NISCA Boys or Girls**
_____ **\$75.00 IHSSCA & NISCA for Both**
_____ **\$140.00 IHSSCA, NISCA, & ASCA Boys or Girls**
_____ **\$150.00 IHSSCA, NISCA & ASCA for Both**

Fall Clinic Registration Fee

**October 5 and 6, 2006
Clarion Hotel Waterfront Plaza
2930 Waterfront Parkway West Dr.
Indianapolis, IN 46214
Phone (317) 299-8400
FAX (317) 299-9257**

(We get a break on room rates and meeting room if you reserve a hotel room by September 4th)

_____ **\$65.00 clinic fee (this includes luncheon buffet on Thursday)**

Indiana High School Swimming and Diving Hall of Fame

**Yes, I would like to support the Hall of Fame with my optional donation amount of
\$5.00 - \$10.00 - \$20.00 - Other Amount**

_____ **I would like to donate \$_____ to the Hall of Fame**

\$_____ Total Fees Enclosed

**2006-2007 will be my _____ year as a Head Swimming Coach
2006-2007 will be my _____ year as an Assistant or Diving Coach**

**Please mail your check or money order made payable to the IHSSCA to
Andy Pedersen
Hamilton Southeastern High School
13910 E. 126th St.
Fishers, IN 46037**