



2025-26 PSFCA Membership Payment Form

Please print this form, complete it, and send along with your check for PSFCA membership.

Head Coach's Name: _____

High School: _____

Early Bird Membership –Must be registered and paid prior to September 30th

___ \$125 Single – No Clinic

___ \$200 Single – With Clinic

___ \$500 Small Staff with Clinic (Up to 6 Coaches)

___ \$650 Large Staff with Clinic (7-12 Coaches)

Check #: _____

Check Amount: _____

Please make checks payable to PSFCA and mail to:

PSFCA-Big 33
5010 Ritter Road, Suite 119
Mechanicsburg, PA 17055

If you have any questions, please contact Jillian Brubaker at 610.451.4691/jbrubaker@big33.org