2026-27 PSFCA League Membership Payment Form

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

Head Coach's Name : _____

High School: _____

League: _____

League Membership –Registration and payment must be received prior to September 30th

___$425 Small Staff with Clinic (Up to 6 Coaches) ___ $575 Large Staff with Clinic (7-12 Coaches)

___$ Balance due from Invoice (sent by Jillian Brubaker)

***If you are submitting payment on behalf of all teams in the league, please select the appropriate membership type above and enter the total amount below. If you are paying a league balance for a staff membership, please enter the balance amount as invoiced by Jillian.**

Check #:_____

Check Amount:_____

Please make checks payable to PSFCA and mail to:

PSFCA-Big 33
Attn: Membership/Jillian Brubaker
5010 Ritter Road, Suite 119
Mechanicsburg, PA 17055

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