



## 26-27 PSFCA Membership Payment Form (LATE REGISTRATION)

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

Head Coach's Name: \_\_\_\_\_

High School: \_\_\_\_\_

### Late Registration Membership –Registration and payment after September 30th

\_\_\_ \$175 Single – No Clinic

\_\_\_ \$250 Single – With Clinic

\_\_\_ \$625 Small Staff with Clinic (Up to 6 Coaches) [OBJ]

\_\_\_ \$775 Large Staff with Clinic (7-12 Coaches)

\_\_\_ \$ Balance due from Invoice (sent by Jillian Brubaker)

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