

**2021-22 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select your membership level PRIOR to October 1:**

\_\_\_ $75.00 Single – No clinic

\_\_\_$125.00 Single – Including clinic

\_\_\_$150.00 Head Coach & Staff (up to 10) – No Clinic

\_\_\_$500.00 Head Coach & Staff (up to 10) – W/ Clinic

\_\_\_$400.00 Pre-Approved Membership

**Select your membership level AFTER October 1:**

\_\_\_ $85.00 Single – No clinic

\_\_\_$140.00 Single - Including clinic

\_\_\_$165.00 Head Coach & Staff (up to 10) – No Clinic

\_\_\_$550.00 Head Coach & Staff (up to 10) – W/ Clinic

\_\_\_$440.00 Pre-Approved Membership

Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to PSFCA and mail to:

PSFCA-Big 33

4813 Jonestown Road, Suite 202

Harrisburg, PA 17109

If you have any questions, please contact Garry Cathell at 717.200.3378.