



2022-23 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

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

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.