



## 2023-24 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, 2023

\_\_\_ \$75.00 Single – No Clinic

\_\_\_ \$500.00 Staff Including Clinic (up to 15)

Select your membership level AFTER October 1, 2023

\_\_\_ \$85.00 Single – No Clinic

\_\_\_ \$550.00 Staff including Clinic (up to 15)

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 Garry Cathell at 717.200.3378.