



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:

\_\_\_ \$50.00 Single – No clinic

\_\_\_ \$125.00 Single – Including clinic for one staff member

\_\_\_ \$500.00 Staff – Six (6) staff members attend the clinic. Additional staff to attend the clinic \$25.00/per person

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

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

Please make checks payable to PSFCA and mail to

Garry Cathell  
Executive Director  
409 Ekin Street  
Elizabeth, PA 15037