

**NEW YORK STATE HIGH SCHOOL HOCKEY COACHES ASSOCIATION
NYSHSHCA**

MEMBERSHIP APPLICATION

Membership runs from October 1st to September 30th of the following year.

Year _____

Head Coach _____ **Team** _____

Section _____ **Division** _____

Address _____

City _____

Phone # Home _____

Work _____

Cell _____

Email Address _____

Assist 1 _____ **Email** _____

Assist 2 _____ **Email** _____

Assist 3 _____ **Email** _____

Assist 4 _____ **Email** _____

Assist 5 _____ **Email** _____

Fee is \$35 per team

Mail this form and Check payable to NYSHSHCA to

**Mark DiFilippo
Secretary-Treasurer
14 Tartan Lane
Williamsville, NY 14221**