

**DISTRICT VI COACHES' ASSOCIATION
2011-2012 MEMBERSHIP INVOICE**

Bill to:

**Make Checks Payable to:
District VI Coaches' Association
C/O Gary Miller
595 Sington Road
Morrisdale, Pa 16858**

Date:	Check Number

Description:	AMOUNT
Pennsylvania State Wrestling Coaches' Association and District VI Wrestling Coaches' Association membership Fee for the entire coaching staff. *Any coach for the sport of wrestling who has been Approved by a school district.	\$60.00

NAME OF SCHOOL DISTRICT

Athletic Director: _____

E-Mail: _____

Head Coach: _____

E-Mail: _____

Assistant Coaches: _____
