

**Illinois Track and Cross Country Coaches Association
Registration Form**

Name: _____

PLEASE CHECK ONE: Have you been a Illinois Coaches Assoc. Member in the past; Yes ___ No ___

School: _____

Home Address: _____

City: _____ **ZIP:** _____

Home Phone: ()

School Phone: ()

E-mail Address: _____

Fee: \$25.00 for membership

Fee Includes: Membership into the Illinois Coaches Association (This gives you a 1 million dollar liability insurance coverage policy and many other benefits), ITCCCA Membership card, access to all meetings and refreshments.

MAKE CHECK PAYABLE TO ITCCCA and Send to:

**Scott Ward
Reed-Custer H.S.
249 Comet Dr.,
Braidwood, IL 60408**