



Applicant Information

Membership # _____ Renewal New
Name _____ Last 4 Digits of SSN _____
Home Address _____ Home Phone _____
Email _____ Mobile Phone _____
School Name _____
School Address _____ School Phone _____
 Check if school name has changed since previous year

About Your Work

1. Number of years active coach in SC public schools _____
2. Number of years member of SCACA _____
3. Current sport(s) serving as Head Coach _____
4. Current sport(s) serving as Assistant Coach _____
5. Athletic Director Yes No
6. School System Employment Status Part-Time Full-Time

SCACA Dues

Check the Amount Due \$40* (Before July 10, 2017) \$50 (After July 10, 2017)

NOTE: ONLY MEMBERS OF SCACA ARE PERMITTED TO ATTEND THE CLINIC.

Make checks payable to SCACA and mail, along with this completed form, to:

SCACA | P.O. Box 50028 | Greenwood, SC 29649

* To qualify for the discounted rate of \$40, dues must be postmarked by JULY 10, 2017.

Auxiliary Organization Memberships (Check all that apply.)

Athletic Trainers (AT) \$5.00 Cheerleading (CL) \$7.00 Soccer (SO) \$10.00 Track/Cross Country (TR) \$10.00
 Baseball (BE) \$10.00 Football (FB) \$10.00 Swim (SW) \$8.00 Strength Coaches (SC) \$5.00
 Basketball (BT) \$10.00 Golf (G) \$8.00 Tennis (TE) \$10.00 Wrestling (WR) \$5.00
 CAWS \$10.00 Lacrosse (LA) \$7.00

Total Amount Due (SCACA Dues + Auxiliary Organization Memberships): \$ _____



North-South Football

North-South Football Ticket(s) _____ @ \$5.00 each = _____

Member Name _____ Member # _____

Received By _____ Date _____ Amount Paid \$ _____