

# MICHIGAN INTERSCHOLASTIC VOLLEYBALL COACHES ASSOCIATION

## 2019-2020 School Membership Form

Registration Deadline: September 21, 2019, Late Deadline October 1, 2019 (Note Deadlines)

This form is for **SCHOOL MEMBERSHIPS** only, get Individual Membership Form on website.

School Name: \_\_\_\_\_

Class of HS: A B C D

Athletic Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

County School Located: \_\_\_\_\_ Region \_\_\_\_\_

Name of person filling out this form \_\_\_\_\_

**Print this entire form and remit**

**with payment to:**

MIVCA  
1313 Leisure Drive  
Flint, MI 48507

**\$ 50.00 School membership**

\_\_\_\_\_ MHSCA (# coaches)

\_\_\_\_\_ AVCA-HS (# coaches)

\_\_\_\_\_ AVCA-MS (# coaches)

\$ \_\_\_\_\_ **Total Enclosed**

### SCHOOL MIVCA MEMBERSHIP

**\$50 for up to 10 coaches**

Only **One** Head coach per school

**Optional Add:** (for each Coach)

\$5 for Mich. HS Coach Assoc.

\$70 for AVCA HS Membership or

AVCA MS Membership

**\*\* A unique individual E MAIL ADDRESS is REQUIRED for EACH coach.** This is necessary so that each coach will receive MIVCA Communications, and be able to participate in online surveys or voting.

### 1. Varsity Head Coach:

Name \_\_\_\_\_

Email (REQUIRED) \_\_\_\_\_

Mailing Address (Required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Cell: (\_\_\_\_) \_\_\_\_\_

Total Years Coaching Volleyball \_\_\_\_\_

Add for this coach: MHSCA \_\_\_\_\_ AVCA \_\_\_\_\_

### Coaching Level for 1; -42 Season (Required)

Circle all that apply

Varsity Assistant JV Freshman

Middle School Elementary

AD Official Retired Other

2. Name \_\_\_\_\_

Email (REQUIRED) \_\_\_\_\_

Mailing Address (Required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Cell: (\_\_\_\_) \_\_\_\_\_

Total Years Coaching Volleyball \_\_\_\_\_

Add for this coach: MHSCA \_\_\_\_\_ AVCA \_\_\_\_\_

### Coaching Level for 3; -42 Season (Required)

Circle all that apply

Varsity Assistant JV Freshman

Middle School Elementary

AD Official Retired Other

3. Name \_\_\_\_\_

Email (REQUIRED) \_\_\_\_\_

Mailing Address (Required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Cell: (\_\_\_\_) \_\_\_\_\_

Total Years Coaching Volleyball \_\_\_\_\_

Add for this coach: MHSCA \_\_\_\_\_ AVCA \_\_\_\_\_