

**Pennsylvania Wrestling Coaches Association
Annual Membership Form
for Year**

(_____)

PWCA Membership Fees

School District* = \$50.00

** Any coach for the sport of wrestling who has been approved by a local school district.*

Make check payable to: Pennsylvania Wrestling Coaches Association

School District: _____ District # _____

Athletic Director: _____ Phone#: (_____) _____

Boys' Head Coach: _____

Phone#: (_____) _____ Email: _____

Girls' Head Coach: _____

Phone#: (_____) _____ Email: _____

Assistant Coach: _____

Assistant Coach: _____

Assistant Coach: _____

Assistant Coach: _____

Our unity matters!

***Thank you for supporting our efforts to assist you, your staff
and your student-athletes***

***through such programs as our annual All-Academic Awards, Scholarships and
Coach of the Year Awards.***

Send to: Matt Billy
2522 Jones Road
Bath, PA 18014
Email: oscerb@ptd.net