

REGISTRATION FORM - SDHSAA & SDGJA JUDGES AND COACHES CLINIC

8/18

MAIL TO: Shavonne Mitchell
300 North Madison
Pierre, SD 57501
Phone: 605-280-2905

COST: \$50.00 for coaches and judges
\$60.00 at the clinic

CHECKS PAYABLE TO: SDGJA (Do NOT send registration or money to SDHSAA)

ENCLOSED IS A CHECK FOR \$ _____ COVERING FEE \$ _____

NAME _____ SCHOOL _____ (If a Coach)

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EMAIL _____

Check: Head Coach Asst. Coach

This is my _____ year of judging.

Check: Need receipt for clinic

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