



**Michigan High School Ski Coaches Association**  
**Membership and Clinic Application 2017-2018**

Name \_\_\_\_\_

School(s) \_\_\_\_\_

School Contact \_\_\_\_\_ # \_\_\_\_\_

Email of School Contact \_\_\_\_\_

**Coach Mailing Address:**

Street \_\_\_\_\_

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

Email \_\_\_\_\_ # \_\_\_\_\_

Resort you train at: \_\_\_\_\_

**Check all that Apply:**

Head Coach       Boys Team       Girls Team       Coed

Asst. Coach       Boys Team       Girls Team       Coed

Return Application and Payment to **MHSSCA- \$45**      (*checks payable to MHSSCA*)

**Mail to:** Susan Miller  
13017 Mathews Lane  
Charlevoix, MI 49720

**Questions:** Contact Susan at 231-675-1232 or millerski25@gmail.com

**History Tenure:**

*Update only with High School information, our organization ONLY recognizes the years you were a coach with a high school ski program, which can be verified by the athletic director/administrator. We wish to maintain accurate records, since MHSSCA gives awards based on longevity.*

Number of Seasons Completed as of March 2017 High School Coaching\_\_\_\_\_

**School**

**Dates Coached**

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**Application Deadline December 31, 2017**

Active Members, have a voice and voting privileges at all general membership meetings. Eligible for Regional and State Coach of the year, or other achievement awards. Eligible for election to office, Receive correspondence about the association.

\*\*In order for a coach's athletes to be considered for all state team selection and scholar athlete awards, the coach or school must have paid the current years dues by December 31st.

**WWW.MHSSCA.ORG**

