

2018 IBCA MAIL-IN MEMBERSHIP REGISTRATION FORM

School Info:

School Name: _____

School Address: _____

School City, State, Zip: _____

Coaching Staff:

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

Coach Name _____ Coach E-Mail _____

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Coach Name _____ Coach E-Mail _____

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Coach Name _____ Coach E-Mail _____

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*****See below for pricing. Membership cards will not be sent until balance is paid in full.*****

Mail-In Pricing (includes processing fee):

1 Coach = \$35	4 Coaches = \$69	7 Coaches = \$81	10 Coaches = \$91	13 Coaches = \$100
2 Coaches = \$55	5 Coaches = \$73	8 Coaches = \$85	11 Coaches = \$94	14 Coaches = \$103
3 Coaches = \$65	6 Coaches = \$77	9 Coaches = \$88	12 Coaches = \$97	15 Coaches = \$105

Retired Coaches \$12

**Please mail this form with a check payable to IBCA to:
IBCA Membership Office, 800 McHenry Ave, Ste L, Crystal Lake, IL 60014**