

# PHSSCA Coaching Information Sheet

Please help us update our records by completing this short questionnaire and mailing it to:

PHSSCA  
3414 Laurel Street  
Laureldale, PA 19605  
Attn: Jim Burkman

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIAA DISTRICT: \_\_\_\_\_

## **BOYS' TEAM**

AA: \_\_\_\_\_ AAA: \_\_\_\_\_

School Supported Team: YES NO

Head Coach's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

2009 PHSSCA Membership #: \_\_\_\_\_

## **GIRLS' TEAM**

AA: \_\_\_\_\_ AAA: \_\_\_\_\_

School Supported Team: YES NO

Head Coach's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

2009 PHSSCA Membership #: \_\_\_\_\_