

IGHSAU ADVISORY COMMITTEE APPLICATION

NAME _____
First *Last*

SCHOOL: _____

HOME ADDRESS _____
Street/PO Box *City* *Zip*

PHONE: _____
Home *Work* *Cell*

EMAIL: Work _____ Home _____

Sport: Must be a head varsity coach of that sport

_____ Volleyball _____ Tennis _____ Basketball _____ Soccer
_____ Golf _____ Softball _____ Swimming and Diving

List your relevant experience:

Sport	School	# of years experience/accomplishments
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently employed by the school system other than for coaching? If yes, list the position.

Yes _____ No _____ Position: _____

Please write a short summary explaining why you wish to serve on this committee:

PRINCIPAL: _____
Name *School Phone Number*

ATHLETIC DIRECTOR: _____
Name *School Phone Number*

Please email this application back to: advisory@ighsau.org by June 1

Joint Committee selection is final upon approval of the IGHSAU Board of Directors

