

NEW WPOA MEMBER

Name: _____

Address: _____

Home #: _____

Work #: _____

Cell #: _____

IHSA #: _____

Email: _____

SPORT CERTIFICATION LEVEL

Basketball _____ X R C

Football _____ X R C

Baseball _____ X R C

Softball _____ X R C

Wrestling _____ X R C

Mail completed form and a check for \$25.00 made out to WPOA to:

Roy Snyder
1600 Squires Landing
Rochelle, IL 61068