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 $35.00 made out to WPOA to:

Roy Snyder
1600 Squires Landing
Rochelle, IL 61068