

Office Use Only: Paid Check/PO# _____
2008 Season

County _____

NORTH JERSEY FIELD HOCKEY COACHES ASSOCIATION

Membership Dues Application

DUES PER SEASON = \$75.00 made payable to NJFHCA

Member School _____

School Address _____

_____, NJ Zip Code _____

School Phone (_____) _____ A.D. Phone _____

School Fax # (_____) _____ School County _____

Coach's Name _____

Coach's Address _____

_____ ZIP _____

Coach's Home Phone (_____) _____

Coach's Work Phone (_____) _____ Ext _____

Coach's E-mail _____

To participate in NJFHCA activities all schools must submit the application and membership dues. **No dues will be accepted after October 31**. Schools who fail to pay their membership dues by October 31, will forfeit the right of their athletes to engage in NJFHCA events which include, but are not limited to, the All-Star recognition, the senior All-Star game and the All-North Awards Banquet.

**Please complete the application information above
and forward it, by October 31, with your check for dues to:**

Mrs. Jill White-Cullen
15 Broad Street, Unit #234
Pompton Lakes, NJ 07442