



Ohio High School Fastpitch Softball Coaches Association

Membership Registration Form

Name: _____ E-Mail: _____

School Where You Coach: _____

School Address

Home Address

School Phone: () _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

High School Varsity Fastpitch Softball coaching record: _____ wins _____ losses
(Please do not include JV or summer team record)

1) **Years of Service:** _____

(Number of years you have coached High School Varsity Fastpitch Softball Teams)

2) **District** (circle one): C E NE NW SE SW

3) **High School Division** (circle one): I II III IV

4) **Membership Level** (circle one):

Associate (all coaches - no voting privileges) \$15

or

Active (varsity head coaches) C-\$35 E-\$30 NE-\$30 NW-\$35 SE-\$30 SW-\$40

(To be a member in good standing, and to have the right to vote each year, active member fees must be paid in full by March 15th)

Please send this completed form along with a check to your District Treasurer:

CENTRAL

Kevin Moody
2800 Walker Road
Hilliard, OH 43026

EAST

Don Bethel
688 Kerr Ave.
Cadiz, OH 43907

NORTHEAST

Shelley Monas
Box 54
Perry, OH 44081

NORTHWEST

Bob Elsass
11940 Wapak-Freyburg
Wapakoneta, OH 45895

SOUTHEAST

Mary Harper
1748 County Road 105
Kitts Hill, OH 45645

SOUTHWEST

Rick Armstrong
2361 Sugar Maple
Kettering, OH 45440

Please make checks payable to your District Treasurer
