

Colorado Coaches of Girls Sports Membership Form

Name _____ Phone _____

Address _____ City _____ Zip _____

E-Mail _____

School _____ Phone _____

Address _____ City _____ Zip _____

Varsity Coach: Yes No **\$30.00** Previous Member: Yes No

Assistant Coach Retired Coach Supporter **\$15.00**

Sport (s) Coached _____

I would like to participate on the: Basketball Committee Softball Committee Volleyball Committee
 Executive Committee All-State Games General Committee

Send Membership to: CCGS; P.O. Box 1750; Arvada, CO 80001