



# 2024 SCHOOL TRANSFER PAYMENT FORM

**\*\*\* NOTE: Only the HEAD COACH or ATHLETIC DIRECTOR can make this change \*\*\***

School: \_\_\_\_\_

HC or AD Name: \_\_\_\_\_

THSCA Member #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature of Head Coach or Athletic Director

Date

## COACH BEING DROPPED

Name: \_\_\_\_\_ THSCA Member #: \_\_\_\_\_

FIRST MI LAST

TRANSFER PAYMENT FOR: (All of the payments below must have been paid for by the school.)

Membership Only - \$70.00

CS Registration Only - \$60.00

Membership & CS Registration- \$130.00

Coaches Liability Insurance (only if paid for by the school) - \$65.00

## COACH BEING ADDED

Name: \_\_\_\_\_ THSCA Mbr #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

FIRST MI LAST

(If coach has NEVER been a member write "New")

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Last School Coached at: \_\_\_\_\_

**In addition to filling out this form, you must complete a THSCA Registration Form for the new coach being added and email or fax this Transfer Payment Form along with the completed THSCA Registration Form back to our offices.**

**ATTN: [ALLIE HERRMANN](mailto:allieherrmann@thsca.com) at [allieherrmann@thsca.com](mailto:allieherrmann@thsca.com)**

### OFFICE USE ONLY

Transfer Completed By: \_\_\_\_\_

Date \_\_\_\_\_