

2018 LFCA Membership Application Form

December 1, 2017 – November 30, 2018

Name _____ School _____

Position _____
(Head or Asst. Coach)

Address _____ Home Phone () _____

_____ Work phone () _____

Email Address: _____

(Please mail \$50 check payable to LFCA. Mail to: LFCA, 32308 Carolyn Dr. Paulina, LA 70763) If you lose your card, replacement cards will be \$5. If you are attending the coaching clinic and would like to book a room at the Sheraton, please go to:

<https://www.starwoodmeeting.com/events/start.action?id=1708309571&key=16000C56>

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