

2005-06 LHSPLA REGISTRATION FORM

SCHOOL: _____

CLASSIFICATION: _____

SCHOOL'S MAILING ADDRESS: _____

SCHOOL'S E-MAIL ADDRESS: _____

HEAD COACH: _____

E-MAIL ADDRESS: _____

ASSISTANT COACHES: _____

NON-FACULTY ASSISTANTS: _____

WORK PHONE#: _____

HOME PHONE#: _____

PRINCIPAL'S SIGNATURE: _____

PLEASE MAKE ALL CHECKS PAYABLE TO LHSPLA

PLEASE FILL OUT THIS FORM AND RETURN IT WITH YOUR SCHOOL'S ASSOCIATION DUES OF \$50 PLUS AN ADDITIONAL \$15 PER COACH FOR ALL NON-FACULTY ASSISTANT COACHES LISTED ON THIS FORM. REMEMBER EACH MEMBER SCHOOL CAN HAVE 1 HEAD COACH AND A MAXIMUM OF 4 ASSISTANTS, NO MORE THAN 2 OF THOSE ASSISTANTS CAN BE NON-FACULTY:

LOUISIANA HIGH SCHOOL POWERLIFTING ASSOCIATION
P.O. BOX 41637
BATON ROUGE, LA. 70835-1637