



BASKETBALL COACHES ASSOCIATION of MICHIGAN

2017-2018 SINGLE-GENDER SCHOOL MEMBERSHIP FORM

Membership Year: June 1, 2017 – May 31, 2018. **Registration Deadline: February 15, 2018**

This form is ONLY for schools which are “all-boy” or “all-girl” high schools. ALL other schools who wish to sign up at the School Membership rate, MUST fill out the \$80 School Membership Form even if you are signing up just your boy’s or girl’s coaches.

School Name: _____ Class of HS _____
Athletic Mailing Address: _____
City: _____ Zip: _____
Basketball League/Conference: _____
Athletic Office Phone: _____
Name of person filling out this form _____

SCHOOL MEMBERSHIP:

\$ 40 for up to 8 coaches

8 coaches MAXIMUM.

This form is for Single-Gender HS coaching staffs only.

Only ONE Head Varsity Coach allowed per \$40 School Membership.

ALL coaches will be members of BCAM, Mich. High School Coaches Assn. & National HS Basketball Coaches Assn.

Make check or money order payable to:
BCAM • Basketball Coaches Association of Michigan

Send payment and this entire form to:
BCAM
PO BOX 2063
MIDLAND, MI 48641-2063

Website: www.bcam.org **BCAM Hotline:**(517) 580-8366 **Fax:** (989) 486-3625 **Email:**secretary@bcam.org

****A unique individual EMAIL ADDRESS is REQUIRED for EACH coach. If no valid email address is given, that coach may not receive BCAM newsletters or information, nor will they be able to vote for Mr/Miss Basketball or vote in any other BCAM election. Print Clearly.**

1. Varsity HEAD Coach: Boy’s Girl’s

Name _____
Email (REQUIRED) _____
Mailing Address (required): _____
City: _____ Zip: _____
Phone: (____) _____

Optional: (Award given for every 100 wins)
Number of HEAD Varsity Basketball Wins _____
Number of Non-Varsity Basketball Wins _____
Number of Years of Coaching Basketball _____

Other Coaches/Individuals:

2. Name _____
Email (REQUIRED) _____
Mailing Address (required): _____
City: _____ Zip: _____
PHONE: (____) _____

Coaching Level for This Season: (REQUIRED)
(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem
Boys: Var Asst JV Frosh Jr Hi Elem
AD Official Retired Other

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

3. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem

Boys: Var Asst JV Frosh Jr Hi Elem

AD Official Retired Other

4. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem

Boys: Var Asst JV Frosh Jr Hi Elem

AD Official Retired Other

5. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem

Boys: Var Asst JV Frosh Jr Hi Elem

AD Official Retired Other

6. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem

Boys: Var Asst JV Frosh Jr Hi Elem

AD Official Retired Other

7. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem

Boys: Var Asst JV Frosh Jr Hi Elem

AD Official Retired Other

8. Name _____

Email (REQUIRED) _____

Mailing Address (required): _____

City: _____ Zip: _____

PHONE: (_____) _____

Optional: Number of HEAD Varsity Wins _____ Number of Non-Varsity Wins _____ Number of Years of Coaching _____

Coaching Level for This Season: (REQUIRED)

(Circle all that apply)

Girls: Var Asst JV Frosh Jr Hi Elem

Boys: Var Asst JV Frosh Jr Hi Elem

AD Official Retired Other