

IGHSAU ADVISORY COMMITTEE APPLICATION

NAME: _____
Last First

SCHOOL: _____

HOME ADDRESS: _____
Street/PO Box City Zip

PHONE: _____
Home Work Cell

EMAIL ADDRESS: _____

Sport you desire to serve on:

volleyball tennis basketball cross country (joint) soccer
 track & field (joint) golf softball swimming & diving bowling

List your relevant experience:

Sport	School	# of years experience/accomplishments

Are you currently employed by the school system? If yes, list the position:

No Yes Position: _____

Please write a short summary to explain why you wish to serve on this committee:

PRINCIPAL: _____
Name School Phone Number

ATHLETIC DIRECTOR: _____
Name School Phone Number

Please E-mail this Application back to: advisory@ighsau.org by June 1.

