

MINNESOTA STATE HIGH SCHOOL COACHES ASSOCIATION, INC.

APPLICATION FOR 25 YEAR CLUB

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This award is presented annually by the Minnesota State High School Coaches Association at the 25 Year Club Christmas Brunch. Candidates must meet the following qualifications: Please return your application before May 15<sup>th</sup>, 2011.

1. Candidates must have been a active coach or athletic administrator during a 25 year period of their educational career. This service may have been, in part, in other states. To qualify, as a coach, or athletic administrator candidates must have been officially designated by the administration of that school.
2. Because the award is sponsored and financed by the MSHSCA, the association feels that the recipient of the award must have a great deal of active involvement as a member of the MSHSCA. To qualify, the recipient must have been a member 80% of the last ten years of coaching and or athletic administration. Membership in the MSHSCAGS will be recognized.
3. Military service may count as part of the 25 years as long as the time spent in the military interrupted the candidates career in coaching. Military service prior to the commencement of the coaching career is not to be considered s part of the 25 years.
4. Each applicant must have verification of their career by a member of the schools administration. (AD, Principal, Superintendent) This verification must be submitted with the return of this application.
5. Each applicant will be reviewed by the office of the Executive Director and then submitted f or final approval by the MSHSCA Executive Committee. Recipients will be officially notified prior to the beginning of the next school year regarding their acceptance.
6. Upon induction into the MSHSCA 25 year club, the coach becomes eligible for LIFE MEMBERSHIP into the MSHSCA. A form will be sent to each inductee that will allow them to decide if they wish to obtain life membership at a cost of \$35.00. This life membership takes care of your MSHSCA dues for the remainder of your career.

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Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of school \_\_\_\_\_

Attach record of coaching/administration of athletics with proper verification and mail to: Minnesota State High School Coaches Association, PO Box 519  
Detroit Lakes, MN 56502 phone:(218) 847-6796