



2019-2020 Membership Form

SCHOOL _____

TEAM NAME _____

COACH _____

PHONE _____

E-MAIL _____

NUMBER OF YEARS COACHING, including the current season _____

CO- or ASST. COACH _____

PHONE _____

E-MAIL _____

NUMBER OF YEARS COACHING, including the current season _____

ATHLETIC DIRECTOR'S EMAIL (optional, if you would like him or her to receive the NDADD weekly email) _____

TEAM MAILING ADDRESS _____

Membership Dues:

\$50 per team Membership Fee *JV must pay separately from varsity* _____

Fall Convention fees:

*At least one coach per team must attend Fall convention for team to compete

\$40 per coach _____

Includes \$15 Convention fee and \$25 Coach Certification fee

\$35 Judge Training _____

Required each year for NDADD certified judges

\$8 per person lunch _____

Total due _____

Make check payable to NDADD and send it to:

Meghan Vollrath
1731 21st Ave. NE
Grand Forks, ND 58203

This form and full payment must be postmarked by October 1.