

S.W.O.F.C.A.



HONORARY MEMBERSHIP APPLICATION

NOMINEE INFORMATION

NAME:	PHONE:
ADDRESS:	
YEARS AS HC:	WIN/LOSS RECORD:

HIGH SCHOOL (years, sports played, honors)

COLLEGE (years, degrees earned, sports played, honors)

TEACHING/COACHING CAREER (years, schools, head/asst. pos.)

CHAMPIONSHIPS (team/individual honors, championships)

SWOFCA INVOLVEMENT: (# of years, positions held)

FAMILY INFORMATION (wife, children)

RETIREMENT PLANS

APPLICATION SUBMITTED BY

NAME:	PHONE:
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COMPLETE THIS FORM AND EMAIL TO: hancocka@wyomingcityschools.org