



I H S C C O

Illinois High School Cheerleading Coaches Organization

**Membership Financial Waiver 2020-2021**

School Name & District \_\_\_\_\_

Head Coach Name & Email Address \_\_\_\_\_

Athletic Director Name, Email, & Phone Number \_\_\_\_\_

Please describe the reasons for your request for a membership financial waiver.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

**Submit this document via email to [ihscoco@gmail.com](mailto:ihscoco@gmail.com) or via mail to:  
IHSCCO  
PO Box 4946  
Buffalo Grove, IL 60089**

----- For Board Use Only -----

Date Reviewed by Board \_\_\_\_\_

- Approved for full waiver for 2020-2021 season
- Approved for 50% waiver for 2020-2021 season
- Waiver not approved for 2020-2021 season