



2019 Pride Challenge CONTRIBUTION FORM

Host School:	
Opponent(s):	
Pride Scrimmage Date:	

Check #(s):	
Contact Name:	
Contact Number:	
Contact E-Mail:	

Checks should be made payable to the "Iowa Hall of Pride Foundation"
and mailed to the following address:

Iowa Hall of Pride
c/o IHSA
P.O. Box 10
Boone, IA 50036