



FCAL
FLORIDA CHRISTIAN ATHLETIC LEAGUE

Florida Christian Athletic League

A Florida Non-Profit Corporation
631 SW Catherine Ln
Lake City, FL 32025
Phone: (352) 727-1091, (352) 339-4945
Fax: (386) 454-8569

Membership Application

(Please complete and return to the above address)

School Name			
Athletic Director			
School Address			
School Phone			
School Fax			
AD Cell Phone			
School E-mail			
School Colors			
School Mascot			
# High School Students			
Insurance Carrier			
Insurance Address			
Insurance Telephone			
Proof of Insurance	<input type="checkbox"/> Attached	<input type="checkbox"/> Will supply	
Boys' Sports	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	
Girls' Sports	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Softball
Please attach directions to your school, or the location where each sport will be played, from the main roadways in your city.			

Submitted by: _____

Date: _____

(Over)

Along with this application please submit the application fee of \$50 – check made payable to Florida Christian Athletic League.

This application must be signed by the principal and the athletic director. Signature acknowledges understanding and agreement of the current FCAL By-Laws.

Principal

Date:

Athletic Director

Date:

Dates Items Due:

Dues \$300 – 6/1

Dues \$300 – 8/1

Copy of Insurance – 8/1

Directions to event locations– 8/1