



# CHARTER SCHOOL ATHLETIC LEAGUE APPLICATION FOR PARTICIPATION

## PAGE ONE – BACKGROUND INFORMATION AND INFORMATION

### SCHOOL BACKGROUND INFORMATION

School Name
Mailing Address
Street Address (if different)
City, Zip -
Main Phone -
Athletic Department Phone -
Fax Machine Phone -

### SUPERINTENDENT/DIRECTOR INFORMATION

Name -
School Network -
Mailing Address -
City/Zip -
Email:
Business Phone -
Fax Phone -

### PRINCIPAL INFORMATION

Name -
Email:
Business Phone -
Residence Phone -
Email Address:

### ATHLETIC DIRECTOR INFORMATION

Name -
Email:
Business Phone -
Residence Phone -
Email Address:

### DESIGNATED REPRESENTATIVE INFORMATION

Name -
Position -
Email:

### OTHER IMPORTANT INFORMATION

Counselor Name -
Email:
Cheerleading Coach -
Email:
Certified Trainer Name -
Email:
Certified Trainer Phone -

### MISCELLANEOUS INFORMATION

School Colors -
Boys' Nickname -
Girls' Nickname -

### PRIOR YEAR ENROLLMENT INFORMATION

	6	7	8
Boys			
Girls			

### TEAM AND COACHING INFORMATION

Please indicate the CSAL sanctioned sports in which you will sponsor a team in the current year. If the coach's name is unknown, leave blank, and notify the CSAL as soon as the vacancy is filled.

"X" if have team	SPORT	COACH NAME
	Basketball (Boys)	
	Basketball (Girls)	
	Cheerleading	
	Cross Country Track	
	Flag-Football	
	Soccer (Boys & Girls)	
	Step & Dance	
	Volleyball (pilot)	

Gym. Name:	
Gym Capacity:	

**CSAL  
2007-2008  
Fee Schedule**  
(Please Circle)

<b>Annual Dues:</b>	<b>\$500</b>	
Flag-Football	\$350	<u>Season</u> <i>Fall</i>
Basketball (per-team)	\$500	<i>Winter</i>
Soccer	\$350	<i>Spring</i>
Volleyball	<i>Pilot</i>	<i>Spring</i>
<b>TOTAL:</b>	<b>\$ _____</b>	

**Remit:** New Jersey Education Consortium (NJEC)  
P.O. Box 746  
Keyport, NJ 07735

\_\_\_\_\_  
Principal Name

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
(Date)