



CHARTER SCHOOL ATHLETIC LEAGUE APPLICATION FOR PARTICIPATION

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 -
Cell Phone -
Email Address:

ATHLETIC DIRECTOR INFORMATION

Name -
Email:
Business Phone -
Cell 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/CONTACT
	Middle School Basketball (Boys)	
	Middle School Basketball (Girls)	
	Elementary Basketball (Boys)	
	Elementary Basketball (Girls)	
	Cheerleading, Step & Dance	
	Cross Country Track	
	Flag-Football	
	Middle School Soccer (Boys)	
	Middle School Soccer (Girls)	
	Elementary Soccer (Boys)	
	Elementary Soccer (Girls)	
	Spring Track	
	Volleyball	

Gym. Name:	
Gym Capacity:	

**2020-2021
Fee Schedule***
(Please Circle)

Annual Dues:	\$500	
		<u>Season</u>
Flag-Football	\$500	<i>Fall</i>
Basketball (per-team)	\$550	<i>Winter</i>
Soccer	\$500	<i>Spring</i>
Volleyball	\$500	<i>Spring</i>
Track	\$500	<i>Spring</i>
TOTAL:	\$ _____	

Remit to: NJ Education Consortium
P.O. Box 746
Keyport, NJ 07735

*Additional fees may apply for tournaments and other league events. Such events will be subject to additional event-specific registration.

Principal Name

Principal Signature

(Date)