



FCAA League Application

SCHOOL APPLICATION

Application information

School	_____	County	_____
Athletic Director	_____	Phone:	_____
School Address	_____	Email:	_____

Upper combination School (middle and high)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Charter School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
AD been with other school in FCAA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, School: _____
School previously been in FCAA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, School: _____

Student Population

High School _____

Middle School _____

Elementary School _____

Sports Participation - Please check the boxes of sports your school would be interested in participating in the upcoming season:

Fall:

Volleyball (girls) Yes No

Flag Football (boys/co-ed) Yes No

Golf (co-ed) Yes No

Winter:

Boys Basketball Yes No

Girls Basketball Yes No

5/6 th Basketball (co-ed) Yes No

Spring

Boys Soccer (7v7) Yes No

Girls Soccer (7v7) Yes No

Track (co-ed) Yes No

Disclaimer and signature

I hereby certify that the information provided is accurate and complete to the best of my knowledge. Upon the league's review of this application, details regarding membership status, financial obligations, and administrative responsibilities will be communicated through a formal contract.

Signature: _____

Date: _____