



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 -
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	
	Cross Country Track	
	Flag-Football	
	Middle School Soccer (Boys)	
	Middle School Soccer (Girls)	
	Elementary Soccer (Boys)	
	Elementary Soccer (Girls)	
	Step & Dance	
	Volleyball (Co-ed)	

Gym. Name:	
Gym Capacity:	

**CSAL
2017-2018
Fee Schedule**
(Please Circle)

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

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

Principal Name

Principal Signature

(Date)