

**WASHINGTON-ARLINGTON CATHOLIC FORENSIC LEAGUE
MEMBERSHIP FORM**

All member schools must complete application for membership yearly.

Application consists of the following:

- 1) Completion of the WACFL Membership Form signed by the school principal or director of activities.
- 2) Completion of the attached National Catholic Forensic League (NCFL) School Data Card, signed by the school principal.
- 3) Payment of Dues: Make Checks payable to WACFL.
 - Either \$125.00 or \$225.00 (\$75 for new schools in the first membership year) to accompany application.
 - Electing the \$125.00, or new school \$75.00, option incurs a \$5.00 fee per entry at each event.
 - Electing the \$225.00 option incurs no additional fees at each event.
 - Under both options, there are modest fees at the Championship Tournaments in March and for tournaments with more than 4 events if designated.
 - Schools that are joining WACFL for the first time may choose to pay only \$75.00 accompanying this application. With this option, there will be a \$5.00 fee per entry at each event during the year.

IN ORDER FOR A STUDENT TO PARTICIPATE IN ANY WACFL EVENT ALL THREE APPLICATION REQUIREMENTS MUST BE MET. THERE ARE NO EXCEPTIONS MADE. The validation of any qualifications won at a tournament prior to completion of these requirements is contingent upon completion of these requirements.

We will post all pertinent information on the WACFL internet web site at www.wacfl.org. Please ensure that your email address information is written clearly and accurately on the membership form.

This information (WACFL Membership Form, School Data Card, and Dues) is due by mail to the WACFL treasurer

Mr. Roland Burdett
6927 Stoneybrooke Lane
Alexandria, VA 22306

by **October 26, 2019**, or it may be brought to your first tournament on or before October 26th. If this material is not received by the deadline, a 10% late fee will be applied to your membership dues.

WASHINGTON-ARLINGTON CATHOLIC FORENSIC LEAGUE MEMBERSHIP FORM

Please list below the names and addresses of all persons to be notified of League postings to the website.

SCHOOL: _____ School Phone: (____) _____

PRINCIPAL NAME: _____

ADDRESS: _____

COACH NAME: _____ Home Phone: (____) _____

Coach of: Policy () L-D () PF () Speech () Congress () Work Phone: (____) _____

Cell Phone: _____ E-Mail Address: _____

COACH NAME: _____ Home Phone: (____) _____

Coach of: Policy () L-D () PF () Speech () Congress () Work Phone: (____) _____

Cell Phone: _____ E-Mail Address: _____

COACH NAME: _____ Home Phone: (____) _____

Coach of: Policy () L-D () PF () Speech () Congress () Work Phone: (____) _____

Cell Phone: _____ E-Mail Address: _____

COACH NAME: _____ Home Phone: (____) _____

Coach of: Policy () L-D () PF () Speech () Congress () Work Phone: (____) _____

Cell Phone: _____ E-Mail Address: _____

ADULT REPRESENTATIVES

The following adults are authorized to represent _____ at the Washington-Arlington Catholic Forensic League events. **At least one of these persons must be present at any WACFL event the school attends, otherwise the students will be dropped from the tournament.** This list may be amended with a written note from the Principal of the school at any time.

PRINCIPAL'S SIGNATURE: _____



**NATIONAL CATHOLIC FORENSIC LEAGUE
SCHOOL DATA CARD**

Academic Year: **2019-2020** (ARCH) DIOCESE: _____

SCHOOL Name: _____

SCHOOL Address: _____

SCHOOL Phone: (____) _____ Hours: _____

SCHOOL Fax Line: (____) _____ Hours: _____

School Principal Name: _____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech ____ Congress ____ LD ____ Policy ____ PF ____ Other ____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech ____ Congress ____ LD ____ Policy ____ PF ____ Other ____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech ____ Congress ____ LD ____ Policy ____ PF ____ Other ____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech ____ Congress ____ LD ____ Policy ____ PF ____ Other ____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech ____ Congress ____ LD ____ Policy ____ PF ____ Other ____

SCHOOL PRINCIPAL'S SIGNATURE: _____

This school is a member in good standing of the Local Diocesan League.

LEAGUE DIRECTOR'S SIGNATURE: _____