

CAASC Membership Form

Name of School _____

Address _____ City _____ State _____ Zip _____

Main Phone _____ Athletic Dept _____

Fax # _____ Email _____

Conference _____

Team Colors _____ Team Mascot _____

Enrollment as of the last day of school from the previous year

Grades 9-12 _____ Grades 5-8 _____

Head of School _____ Email _____

Athletic Director _____ Phone _____

Email _____

Trainer _____ Certified ()

List all sports participating in:

Boys _____

Girls _____

This Form and ALL fees must be returned by July 15, 2017 to the state office. A \$50 late fee will be charged if turned in after July 15, 2017.

Signature _____ Date _____

Please mail the CAASC Membership form and documents to the CAASC Headquarters at

2300 W. Meadowview Rd. Suite 206, Greensboro, NC 27407