



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: _____