

**ALABAMA CHRISTIAN SPORTS CONFERENCE
MEMBER SCHOOL INFORMATION FORM**

School Information

Name of School _____
Address _____
City _____ State ___ Zip _____
Phone Number _____ Email _____
School Website _____
Administrator/Principal _____
Cell Phone _____ Email _____
Grade levels offered _____
Enrollment (K-8) _____ (9-12) _____
Mascot _____ School Colors _____
Athletic Director _____
Cell Phone _____ Email _____
Emergency Phone Number _____
Year School Started _____
ACSC member since _____

Church Information (if affiliated)

Name of Church _____
Address _____
City _____ State ___ Zip _____
Pastor's Name _____
Church Phone Number _____
Pastor's Phone Number _____
Email _____
Denomination _____
Church Website _____

Coaching Staff Information

Volleyball Head Coach _____
Cell Phone _____
Email _____
Football Head Coach _____
Cell Phone _____
Email _____
Basketball Head Coach (VG) _____
Cell Phone _____
Email _____
Basketball Head Coach (VB) _____
Cell Phone _____
Email _____
Softball Head Coach _____
Cell Phone _____
Email _____
Baseball Head Coach _____
Cell Phone _____
Email _____
Soccer Head Coach _____
Cell Phone _____
Email _____

List additional coaches on the back of this form for sports that are currently not sanctioned by the ACSC.

Form completed by _____

We affirm that the information contained on this form is true and accurate and can be used on the official website of the ACSC.

Principal/Headmaster Signature **Date**

Athletic Director Signature **Date**