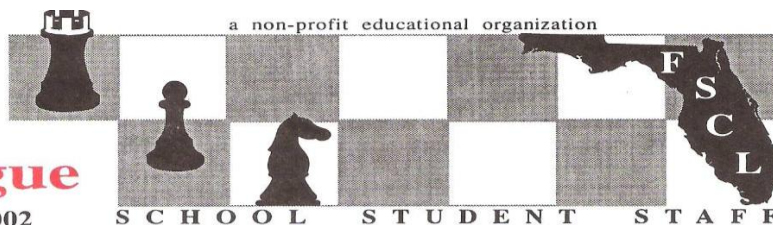


Florida Scholastic Chess League

P.O. Box 22629 · Hialeah, FL 33002



Application for Membership for the 2011-2012 School Year

Membership is open to all Florida schools for a fee of \$40.00. This form must be completed in full, typed or printed legibly and signed by the principal. Please include payment otherwise application will not be accepted. Mail form to the address at the bottom of this page.

Full name of School: _____

Mailing address: _____

City: _____ County: _____ Zip code: _____

Physical address (if other than mailing address): _____

City: _____ County: _____ Zip code: _____

Main school phone (____) _____ Fax: (____) _____

Principal: Dr. _ Mr. _ Mrs. _ Ms. _

Principal's Office e-mail Address: _____

Organization of school: ___ Sr. High School ___ Jr. High School ___ Middle School ___ Elementary

Type of school: ___ Public School ___ Nonpublic School ___ Charter School ___ Home Education Cooperative

Lowest grade in school: ____ Highest grade in school: ____

Designation of Official FSCL Representative

Each FSCL member school must designate the representative who will act as the FSCL responsible individual for the 2011-2012 school years. This individual will be the school's sole point of contact regarding FSCL matters; will be the addressee on all FSCL provided material and information; and will be the only individual in the school who is eligible for election to an FSCL office. **An official designee may represent only one school.**

Official FSCL Representative: _____

Home Address: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Signature of Official FSCL Representative: _____

Certification of Principal

Please accept this school's application for membership in the Florida Scholastic Chess League for the 2011-2012 school years. By my signature, I certify that this school will enforce and be bound by all FSCL bylaws, guidelines, regulations, policies, and procedures regarding the conduct of any interscholastic chess activity regulated by the FSCL, as well as any administrative decisions and interpretations of the FSCL's Board of Directors and Commissioner.

Signature of Principal: _____ Date: _____

Printed or typed name and title of signer: _____

QUESTIONS - Contact: Elizabeth Tejada: Tejada@fsclichess.org, Phone: 786 444-2467 - Fax: 305 640-8658.

PLEASE MAIL THIS FORM WITH PAYMENT TO:

**FSCL c/o Elizabeth Tejada
P.O. Box 22629 Hialeah, FL 33002-2629**

WWW.FSCLCHESS.ORG