

FLORIDA ATHLETIC COACHES ASSOCIATION

Shelton Crews
Executive Director

PLEASE file electronically on our website via the "FORMS" tab

BY JUNE 1, 2017

FACA SCHOOL MEMBERSHIP

Name of School: _____

Athletic Director: _____

Athletic Director Email: _____

Phone No. (_____) _____

YES we will get a school membership and understand that our coaches may attend the summer clinic and will be added to the school package.

Will send check in May/June.

Invoice us in August

Invoice us in September

Invoice us in October

NO we will NOT get a school membership.

SIGNATURE _____

Signature indicates your school is responsible for purchasing a school membership for 2016-17