

Nouvel Catholic Central Elementary Athletic Association Application Form

1. Full Name

Mailing Address

Phone # _____ Email

2. Why are you interested in our organization?

3. What area(s) of expertise/contribution you feel you can make

Signature of applicant: _____

Date:

The completed application can be turned into Nouvel Catholic Central Elementary School Office and will be forwarded to the Board President for review.

Please also read the following set of mutual expectations for the Athletic Association Board of Directors.

For Board Use

___ Application reviewed by Board President/Vice President Date _____

___ Applicant proposed to Board Date _____

___ Board action Elected Rejected Date _____