



THE SOUTH CAROLINA HOME SCHOOL ATHLETIC ASSOCIATION (SCHSAA)

New Member Form

NAME OF ORGANIZATION:

SPORTS TEAMS JOINING:	DUE DATE	GROUP A	GROUP B		
CROSS COUNTRY	7/1				
FOOTBALL	7/1				
GOLF	7/1				
TENNIS	7/1				
VOLLEYBALL	7/1				
SOCCER (Fall)	7/1				
SWIMMING	7/1				
BASKETBALL	10/1				
BASEBALL	1/1				
SOCCER(Spring)	1/1				
SOFTBALL	1/1				
TRACK AND FIELD	1/1				
TOTAL				X \$50 =	AMOUNT DUE

We agree to abide by the rules of the SCHSAA constitution.

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

Upon completion of this form, please make a copy for your records and mail it and your check to:

Jim Blevins
109 Sid Bickley Rd.
Chapin SC 29036