



2017-2018
Fellowship of Christian Athletes

HUDDLE REGISTRATION FORM (please use blue or black ink)

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School Name: _____

School Address: _____

 (City)

 (State)

 (Zip)

School Phone Number: _____ Fax : _____

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Huddle Coach Name: _____

Home Address: _____

City

State

Zip

Phone: (Home) _____ (Work) _____

(Cell) _____ (E-Mail) _____

Sport/s coached: _____ Prep Time: _____

Church: _____

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Assistant Huddle Coach Name: _____

Home Address: _____

City

State

Zip

Phone: (Home) _____ (Work) _____

(Cell) _____ (E-Mail) _____

Sport/s coached: _____ Prep Time: _____

Church: _____

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Regular Meeting Day: _____ Time: _____

Average Attendance: _____

**On back of form, please fill in the name and address of your 2017-2018 Huddle Officers!*

2017-2018 Huddle Officer Registration Form

School Name: _____

PRESIDENT: _____ **Male/Female**

Address: _____

_____ **City** **State** **Zip** Check above if attending HLC

Phone Number: _____ **Cell #:** _____

E-Mail Address: _____ **Graduation Year:** _____

Sports: _____

Parent/s Name: _____

Parent Email: _____

Church: _____

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VICE PRESIDENT: _____ **Male/Female**

Address: _____

_____ **City** **State** **Zip** Check above if attending HLC

Phone Number: _____ **Cell #:** _____

E-Mail Address: _____ **Graduation Year:** _____

Sports: _____

Parent/s Name: _____

Parent Email: _____

Church: _____

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SECRETARY/TREASURER: _____ **Male/Female**

Address: _____

_____ **City** **State** **Zip** Check above if attending HLC

Phone Number: _____ **Cell #:** _____

E-Mail Address: _____ **Graduation Year:** _____

Sports: _____

Parent/s Name: _____

Parent Email: _____

Church: _____

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ACTIVITIES COORDINATOR: _____ **Male/Female**

Address: _____

_____ **City** **State** **Zip** Check above if attending HLC

Phone Number: _____ **Cell #:** _____

E-Mail Address: _____ **Graduation Year:** _____

Sports: _____

Parent/s Name: _____

Parent Email: _____

Church: _____