



**NATIONAL CATHOLIC FORENSIC LEAGUE
SCHOOL DATA CARD**

Mail to: Charlie Sloat
255 Wilmot Rd.
New Rochelle, NY 10804
FAX: (914) 632-9760
EMAIL: Director@NYCFL.org

Academic Year: **2023-2024** (ARCH) DIOCESE: NEW YORK

SCHOOL Name: _____

SCHOOL Address: _____

SCHOOL Phone: (____) _____ Hours: _____

SCHOOL Fax Line: (____) _____ Hours: _____

School Principal Name: _____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech _____ Congress _____ LD _____ Policy _____ PF _____ Other _____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech _____ Congress _____ LD _____ Policy _____ PF _____ Other _____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech _____ Congress _____ LD _____ Policy _____ PF _____ Other _____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech _____ Congress _____ LD _____ Policy _____ PF _____ Other _____

Coach: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Speech _____ Congress _____ LD _____ Policy _____ PF _____ Other _____

SCHOOL PRINCIPAL'S SIGNATURE: _____

This school is a member in good standing of the Local Diocesan League.

LEAGUE DIRECTOR'S SIGNATURE: _____