

2009-2010
**INDIANA HIGH SCHOOL FORENSIC ASSOCIATION
SCHOOL REGISTRATION FORM**

This form must be received by the Indiana High School Forensic Association Executive Secretary before **December 1, 2009**, along with yearly dues of \$75, if your school is to be eligible to participate in the IHSFA Tournaments and stay on the mailing list. Fill out completely and mail with \$75 to: **Jeff Stutzman, IHSFA Executive Secretary, c/o Concord High School, 59117 Minuteman Way, Elkhart, IN 46517**

SCHOOL _____ SCHOOL PHONE _(_____) _____
STREET _____ SCHOOL FAX _ (_____) _____
CITY _____ ZIP _____

Principal's Signature _____

[By signing, the principal certifies that the named coaches are responsible for the entry of the school in the Sectional and State Tournaments. They are the ones certified to be sent e-mails with the URL to submit student names on-line. All students submitted must be full time students in good standing at the high school. If the coach listed on this form will not be attending the tournament, the principal will be required to authorize another individual in writing to the Executive Secretary.] All mailings [e-mails] will be sent to the coach at school unless specifically requested that the mailings go to the home address.

SPEECH COACH mailings:

We do not care to receive the 2010 Solo Speech Sectional Information or any mailings.
OR

The entry info for the Solo Speech Tournament should be sent to:

Mr. Ms. Miss Mrs. _____ Years Coaching _____
Print NEATLY, please.

Please complete the following contact information:

Home Address _____

City _____ ZIP _____ Home Phone: (_____) _____

Cell Phone _(_____) _____ E-Mail _____
Print neatly

DEBATE COACH mailings:

We do not care to receive the 2010 Debate & Congress Tournament Information or any mailings.
OR

The entry info for the Debate & Congress Tournament should be sent to:

Mr. Ms. Miss Mrs. _____ Years Coaching _____
Print NEATLY, please.

Please complete the following contact information:

Home Address _____

City _____ ZIP _____ Home Phone: (_____) _____

Cell Phone_(_____) _____ E-Mail _____
Print neatly

RETURN SIGNED APPLICATION AND \$75 PAYMENT TO IHSFA OFFICE BY POSTMARKED
DEADLINE: DECEMBER 1, 2009.

Please Note—Any Registration received after December 15, 2009 will be charged an additional \$25.00 late fee. Registrations after January 1, 2010 will be charged an additional \$50.00.

Office: Received _____ Paid _____ e-mail in database _____ [rev.7/09]