



TEXAS CHRISTIAN ATHLETIC LEAGUE

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Application for Membership

Our Standard is...Excellence!

Prospective School _____ *Submission Date _____

Mailing Address _____ Year Established _____

City _____, Texas Zip _____ Website _____

Physical Address (if Different) _____

School Phone _____ Other Phone _____ School Fax _____

Administrator email _____ Athletic Director email _____

ENROLLMENT STATEMENT: ("Snapshots" taken, September 1 and February 1 of previous year. See by-laws for procedures). Note: If enrollment numbers are not reported, the sports D.A.R.C Committees will classify your school in the highest classification and division.

(Boys and Girls Combined Totals)

Total Enrollment (K-12th) _____ Number of **Boys** 9th -12th _____

Total Jr. High (7th -8th) _____ Number of **Girls** 9th -12th _____

Total High School (9th-12th) _____

NOTE: Home School groups must count all high school age girls and boys, and any high school age siblings in the household whether he/she is participating in athletics or not. Students in all sports programs that are part of your home school or co-operative organization must be counted whether the other sports teams elect to participate in T★CAL or not.

Has your school ever participated in a state wide organization or league? YES NO If Yes, circle all that apply, T★CAL UIL TAPPS SPC OTHER _____

Please provide clarification as to why your school no longer participates in the above mentioned league(s):

Please list any schools (T★CAL or non-T★CAL) with whom you have competed,

Name of School Contact Person Phone

Name of School Contact Person Phone

Name of School Contact Person Phone

Is your school associated with a church? If so, which one? _____

Our school requests to participate in the following sports or programs in the next school season: If you are a start-up or 1st year athletic program and wish to play a JV schedule only, please write 'JV' next to the sport or category.

- | | | |
|--|--|---|
| <input type="checkbox"/> 6-Man Football | <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Cheer |
| <input type="checkbox"/> 11-Man Football | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Fine Art & Academics |
| <input type="checkbox"/> Girls Flag Football | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Winter Camps/Trips |
| <input type="checkbox"/> Boys Flag Football | <input type="checkbox"/> Power lifting | <input type="checkbox"/> Summer Camps/Trips |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Mission Trips |
| <input type="checkbox"/> Girls Volleyball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Ministry Internships |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball | |
| <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Baseball | |

*Upon submission to the state office your school's application will be reviewed for a determination of the following:

Eligibility: Must be determined on or before **January 1** for the following school year. Deadline for acceptance and district alignment is **February 1**. THIS IS A TWO YEAR COMMITMENT. You will be aligned in a district and expected to keep district, regional, and/or State commitments in each of the activities you have designated for two years.

District Acceptance: A majority vote of approval must be obtained from the district schools. If there are no schools aligned in said district or region, then executive approval is acceptable.

School Classification: Based on your enrollment numbers stated above, upon approval, your school will remain the same for a 2 year period, unless just cause should be provided necessitating an immediate re-classification (See by-laws for enrollment classifications).

Character Reference: Any T★CAL schools with whom you have competed will be contacted for a character reference regarding how your school performed over the year with special attention to sportsmanship, game management, etc. This information will remain private at all times.

A confirmation or denial letter will be sent to your administrator's office within 1 week of receipt. If membership is denied, reasons for said denial will be included in the letter, and can be appealed to the ethics committee for further review within 24 hours of receipt.

Please review the fee schedule below, and the T★CAL Manual and by-laws before applying. For questions concerning fees please contact the state office. Your fees are assessed for two years payable upon acceptance and by Feb 1st of each year afterward. Withdraw from activities DO NOT suspend financial responsibilities for the second year of participation.

FEE SCHEDULE: 1A School \$750, 2A School \$850, 3A School \$950. Other fees will apply and are explained in the bylaws and athletic plans.

ANNUAL Membership Registration Fee	\$ _____ \$750 _____
Year 1 Total: (Due Immediately)	\$ _____ \$750 _____
Year 2 Total: (Due by January 31 annually)	\$ _____ _____

Office Use Only
Date App Rec'd _____
Entered by _____

Submitted by, Authorized Agent: Name & Title (print) _____

Signature _____

Approved By T★CAL Director(s), Signature _____

Date _____