

Tri-County Forensic League Annual League Dues Statement

Academic Year 20____-20_____

Name of School _____ Phone _____

Address _____ Fax _____

City _____ Zip _____

Coach's Name _____ Email _____

Assistant Coach's Name _____ Email _____

Coach's Home Phone _____ Assistant's Home Phone _____

Instructions:

1. Make checks payable to **Tri-County Forensic League, P.O. Box 221141, Newhall, CA, 91321** and send a scanned copy of this form filled out via email ASAP.
2. League dues must be received by the workshop for any returning schools. New schools to the league have until the first league competition.
3. School checks or cash is preferred method of payment. Personal checks will be accepted.
4. Any school that does not pay dues by the first competition forfeits entry.

Direct questions or concerns to Eleanor Nishioka, Treasurer
enishioka@hartdistrict.org

TCFL Dues: \$150 per school
+
Additional NFHS membership (assistant coaches) \$20 X _____ coaches = \$ _____
Total Due: = \$ _____

TCFL Dues Paid (School Receipt)

Payment Type: _____ Amount Paid _____ Date Received: _____

TCFL Dues Paid _____ Total NFHS Memberships (voluntary dues) _____ X \$20