



**NATIONAL CATHOLIC FORENSIC LEAGUE
SCHOOL DATA CARD**

Academic Year: **2022-2023**

(ARCH) DIOCESE: **DETROIT**

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: _____