

## SCACS FESTIVAL INTENT FORM

School: \_\_\_\_\_ School #: \_\_\_\_\_

Address: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_

School Phone: \_\_\_\_\_

School Festival Director: \_\_\_\_\_

School Festival Director's Phone: \_\_\_\_\_

School Festival Director's E-Mail Address: \_\_\_\_\_

School Administrator: \_\_\_\_\_

Number of students in grades 9 -12 in your school: \_\_\_\_\_

**Please Check Each Box That Applies:**

- Our school intends on participating in the elementary festival.
- Our school intends on participating in the jr/sr high school festival.
- Our school intends on participating in debate and we will enter \_\_\_\_\_ team(s).
- Our school intends on participating in Bible Quiz and we will enter \_\_\_\_\_ team(s).

**Please Provide Documentation of the Following** (if school is participating in athletics this information may have already been submitted):

- Student Accident Insurance:** School must furnish to SCACS a certificate of insurance that provides a minimum of \$500,000 medical coverage for each participant
- School Liability Insurance:** School must furnish to SCACS a certificate of insurance demonstrating that the school has liability insurance with a minimum coverage of \$1,000,000.

**A=60 or less students in grades 9-12**

**AA=61 or more students in grades 9-12**

RECORDS (for office use only)						
	Intent Fee <b>\$35.00</b>	Ck#		\$	Date	
	Spelling Test	Ck#		\$	Date	
	Academic Testing Registration	Ck#		\$	Date	
	Elementary Registration	Ck#		\$	Date	
	Secondary Registration	Ck#		\$	Date	
	Nationals Registration	Ck#		\$	Date	
	Other	Ck#		\$	Date	

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