

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 \$35.00 | 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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