



## CESS School Membership Application

Name of school: \_\_\_\_\_

School physical or mailing address: \_\_\_\_\_

School phone: \_\_\_\_\_

School website: \_\_\_\_\_

School representative: \_\_\_\_\_

Number of students enrolled from grades 4-7: \_\_\_\_\_

Please acknowledge your agreement of the following:

- We have read the CESS mission statement and core beliefs as posted on the CESS website.
- We will provide a quality athletics program, including regularly scheduled practices to develop players prior to tournaments (minimum once per week).
- Our representative will attend at least one CESS meeting annually.
- We will share the responsibility of hosting/co-hosting tournaments annually.

### Office Use Only

- Initial application submitted
- \$50 fee submitted