

NAL® League Registration Packet Checklist

District Information Sheet

After completing the District Information Sheet, please review this checklist and return the checklist along with the District Information Sheet to the NAL National Office

1445 Lakemist Court

Roswell, GA 30075

Fax: 888-217-7999 or

Email: office@nationalacademicleague.org

Did you . . . ?

- √ **VERIFY** the name, address, phone and fax numbers, and email address(es) of your Superintendent(s). _____ Initial here
- √ **VERIFY** the name, address, phone and fax numbers, and email address of the NAL League Commissioner. _____ Initial here
- √ **INCLUDE** the number of districts in your league. _____ Initial here
- √ **LIST** the total number of Middle/Intermediate/Jr. High Schools in your district(s) and the number of schools participating in the NAL. _____ Initial here
- √ **LIST** the total number of High Schools in your district(s) and the number of High Schools participating in the NAL. _____ Initial here
- √ **PROVIDE** billing and shipping information for this NAL season's orders. _____ Initial here
- √ **VERIFY** current school and district website addresses _____ Initial here
- √ **LIST** equipment your league has available for the NAL National Tournament. _____ Initial here
- √ **LIST** the name, address, phone, fax, and email address of eligible 3rd Quarter Judges during the NAL National Tournament. _____ Initial here
- √ **LIST** dates in March/April when your NAL team *WILL NOT BE AVAILABLE* to play in the NAL National Tournament. _____ Initial here

NAL League: _____

NAL League Commissioner: _____ Date: _____

District Information Sheet

1.) ADMINISTRATION		
<i>Superintendent Name:</i>		
<i>Address:</i>		
<i>Phone:</i>		
<i>Fax:</i>		
<i>Email:</i>		
<i>NAL™ League Commissioner Name:</i>		
<i>Address:</i>		
<i>Phone:</i>		
<i>Fax:</i>		
<i>Email:</i>		
2.) MEMBERSHIP INFORMATION		
Total Number of Schools in District		Total Number of NAL Schools
<i>Middle Schools:</i>		
<i>Junior High Schools:</i>		
<i>Number of districts:</i>		
3.) INVOICING INFORMATION		
<i>Bill to:</i>	<i>Ship to:</i>	
	() Same as Billing Address, or other, please specify below:	
4.) WEBSITE INFORMATION		
	Yes	No
May we link to your district website? (Please check Yes or No.) If Yes, please provide district URL (website address):		
May we link to each school website? (Please check Yes or No). If Yes, please include school URL (website address) on the School Information Sheet.		
5.) EQUIPMENT: Please list the following items available to your district to use during the NAL National Tournament.		
	Yes	No
<i>Scoreboard</i>		
<i>Shotclock</i>		
<i>Responder Units</i>		
6.) Please list the names and email addresses (required) of judges who are eligible to judge 3rd quarter during the national tournament. (Use a separate sheet of paper if necessary.) The NAL[®] recommends that officials become NAL[®] certified by successfully completing the NAL[®] Mastery Certification.		
Names	Email Addresses	
7.) IF KNOWN, please specify your preferred video conference facility, including contact information and technology type.		
<i>Facility</i>		
<i>Contact Name/Phone Number</i>		
<i>Technology</i>		

I verify that the above information is complete and accurate.

NAL League Commissioner

Date