

Application for NEWCRC Membership

Team Name:			
Please check one: <input type="checkbox"/> Women's Team <input type="checkbox"/> Men's Team			
Coach Contact			
Name:			
Email:			
Phone:			
Mailing Address:			
Secondary Point of Contact (Title: _____)			
Name:			
Email:			
Phone:			
Mailing Address:			
Administrator/Advisor Contact			
Name:			
Position:			
Email:			
Phone:			
Athletic Department Signature (or other supervisory entity)			
Our team agrees to carry out our duties for the subsequent year. Our team also agrees to accept and abide by the terms of any by-laws adopted by NEWCRC and will conduct ourselves in accordance with the Conference's written policies.			
Signed:			
Printed Name:			
Position:		Date:	

Please note: Submission of this form via email is valid and binding as long as the same name is entered into the Signed and Printed lines.