

Academic Year 2009 – 2010

CALIFORNIA HIGH SCHOOL SPEECH ASSOCIATION
ASSESSMENT STATEMENT

Name of School _____ Phone () _____

Address _____ FAX () _____

City _____ CA, ZIP _____

Speech League (Circle One)

Area I	Area II	Area III	Area IV
CFL GGSA	SacVFL SoVFL YFL	SCDL TVFL WBFL	CBSR OCSL SDIVSL

Name of Instructor _____ Phone () _____

E-Mail _____

Instructions:

1. Fill out this form completely. The amount due is \$100.
2. Get principal signature. Make three copies of form.
3. Get school check or money order made out to California High School Speech Association. Make Sure the school's name appears on the check. Do not put the Area Chair's name on the check. If you need to give the form to your financial manager, give them one copy and request that the check be given to you. Do not have financial manager mail the form.
4. Mail two copies of the signed form with the check to the Area Chair below.
5. If your league president requests it, mail the last copy to your league president

The Assessment is \$100.

A \$20.00 delinquent fee will be charge to school paying assessments after December 1. Fees paid after December 1 must be sent via certified mail. All fees must be paid on or before two weeks prior to the first State Qualifying Contest

Please use only the current year's form. Sending your assessment to the wrong address could subject your assessment to the \$20.00 Delinquent fee even if it was mailed before the deadline. The current form and current area chair contact information are available at www.cahssa.org

Make checks payable to: California High School Speech Association.

No personal checks shall be accepted. School checks or money orders only shall be accepted.

Coach's Signature

Principal's Signature

Area III Chairperson
Ashley Novak Arcadia High School 180 Campus Drive Arcadia, C A 91007