

Delaware Valley Christian Athletic Conference Home School Application Form

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
SCHOOL INFORMATION		
Name of school playing for:		
Is this your first year playing for this school?	If no, how long?	
Have you ever been expelled from a school?		
If so, please explain.		
Do you attend or take classes at any other school beside the one you are playing athletics for?		
If so please list the name or names of those schools.		
PARENT INFORMATION		
Mom's Name:	Phone:	
Dad's Name:	Phone:	
HOME CHURCH INFORMATION		
Current Church you attend:	How long?	
Church address:	How many times a week?	
Phone:	Pastor's name:	
City:	State:	ZIP Code:
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of applicant:	Date:	
Signature of Mom:	Date:	
Signature of Dad:	Date:	

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Pastor Recommendation Form

Pastor – Please sign and verify

I verify that I know _____ and that
they regularly attend my church. **Student's
Name**

I **recommend** the above student for League play in the DVCAC.

I **do not recommend** the above student for League play in the DVCAC.

Comments:

Signature of Pastor: _____