



Member School Directory Update Information

Use this form to provide the FHSAA Office with information relative to any changes in your school's mailing address, phone number, fax number and personnel which may occur during the school year. Legibly write in the change(s) in the applicable blank(s) and fax it to the FHSAA Office at 352.244.5050. The information provided will be used to update the FHSAA member database, as well as the online directory on the FHSAA website. **DON'T FORGET TO SIGN AND DATE THE BOTTOM OF THIS FORM. Only the Principal, Athletic Director or FHSAA Representative may sign the form. If there is a change in FHSAA Representative, then only the Principal can sign the form.**

Name of School: _____ City: _____

Mailing Address Changes

Mailing Address: _____

City: _____ Zip Code: _____

Phone/Fax Changes

Office Phone: (_____) _____ FAX: (_____) _____

Athletic Director Phone: (_____) _____

Personnel Changes

Name of Principal: () Mr. () Mrs. () Ms. () Dr. _____

Principal's E-mail: _____

Cell Phone Number (MANDATORY - not to be published) _____

Name of Athletic Director: () Mr. () Mrs. () Ms. () Dr. _____

Athletic Director's E-mail: _____

Cell Phone Number (MANDATORY - not to be published) _____

Name of FHSAA Representative: () Mr. () Mrs. () Ms. () Dr. _____

Position: () Principal () Assistant Principal () Athletic Director *{Must be one of three listed - s. 1002.20 (3)(b) F.S.}*

FHSAA Representative's E-mail: _____

Cell Phone Number (MANDATORY - not to be published) _____

Name of Head Coach: () Mr. () Mrs. () Ms. () Dr. _____

Sport: _____

E-mail address: _____

Cell Phone Number (MANDATORY - not to be published) _____

Name of Head Coach: () Mr. () Mrs. () Ms. () Dr. _____

Sport: _____

E-mail address: _____

Cell Phone Number (MANDATORY - not to be published) _____

Name of Head Coach: () Mr. () Mrs. () Ms. () Dr. _____

Sport: _____

E-mail address: _____

Cell Phone Number (MANDATORY - not to be published) _____

Name of Principal, Athletic Director or FHSAA Representative _____ Title _____

Signature of Principal, Athletic Director or FHSAA Representative _____ Date _____/_____/_____