

**NCHSAA CATASTROPHIC
INSURANCE
2014-2015 APPLICATION
FOR HIGH SCHOOL ATHLETES**

Name of School _____

School District _____

School Address _____

Phone Number _____

PREMIUM CALCULATION

Mandatory High School Catastrophic Athletic Coverage
(To estimate, count all 2013-2014 eligible athletes once, plus faculty
Coaches, trainers, and 1 cheerleader sponsor)

_____	+	_____	=	_____	x \$ 3.75 = \$ _____
Elig. Athletes		Coaches		Total	Total Athletic Catastrophic Premium

*Please return this form to: Accounting
North Carolina High School Athletic Association
P. O. Box 3216
Chapel Hill, NC 27515*

**PLEASE DO NOT SEND A CHECK – YOU WILL BE
BILLED BY THE NCHSAA**

**PLEASE RETURN THIS FORM BY
AUGUST 15, 2014**