



SCHOOL DISTRICT/SYSTEM CONFIRMATION DOCUMENT

This document must be filled out and returned NO LATER THAN FEBRUARY 16, 2025!

THIS DOCUMENT MUST BE COMPLETED BY ONE OF THE FOLLOWING:

*ELEMENTARY SCHOOL OR MIDDLE SCHOOL OR HIGH SCHOOL PRINCIPAL
ATHLETIC DIRECTOR
VARSITY COACH*

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-
-

PLEASE IDENTIFY YOURSELF

Principal Athletic Director Varsity Coach NAME: _____

SCHOOL: _____

SIGNATURE: _____ DATE ____/____/____

As the identified individual in the above box, I have been asked to review the list of student athletes (BELOW) participating in the 22nd Annual Ohio Youth Basketball School Team State Championships in order to verify that ALL STUDENTS LISTED are ENROLLED AND CURRENTLY IN ATTENDANCE AT THE SCHOOL IDENTIFIED IN THE BOX ABOVE.

I have done so, and certify that the students listed reflects accurate information.

If questions arise, please feel free to contact me by:

PHONE - _____

EMAIL - _____

DURING REGULAR SCHOOL HOURS.

The Following To Be Filled Out By Team Coach:

NAME: _____ GRADE OF TEAM: _____

Please list players from the School District/System Represented to be signed off on.

Your co-operation is appreciated.

List of Players Attending This School District/System:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SCAN AND RETURN TO Anthony@OhioYouthBasketball.com

OR

Mail to:

8183 Rochester Way,
Westerville, OH 43081