

## SCHOOL DISTRICT/SYSTEM CONFIRMATION DOCUMENT

This document must be filled out and returned NO LATER THAN THE SECOND MONDAY OF NOVEMBER!

THIS DOCUMENT MUST BE COMPLETED BY ONE OF THE FOLLOWING:

ELEMENTARY SCHOOL OR MIDDLE SCHOOL OR HIGH SCHOOL PRINCIPAL

ATHLETIC DIRECTOR

**PLEASE IDENTIFY YOURSELF** 

VARSITY COACH

Principal Athletic Director Varsity Coach	NAME:
SCHOOL:	
SIGNATURE:	DATE/
As the identified individual in the above box, I have done so, and certify that the students lived.	2024-2025 Central Ohio Basketball erify that ALL STUDENTS LISTED are AT THE SCHOOL IDENTIFIED IN THE
I have done so, and certify that the students listed reflects accurate information.  If questions arise, please feel free to contact me by:	
EMAIL  DURING REGULAR SCHOOL HOURS.	
DOMING REGOLAR 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:	
	<del>-</del>
	<del></del>
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SCAN AND RETURN TO Anthony@CentralOhioBasketball.com
OR

Mail to:

8183 Rochester Way, Westerville, OH 43081