

NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION
YOUTH DIVISION

VERIFICATION OF ENROLLMENT IN A HIGH SCHOOL PROGRAM

I hereby certify that:

(To be completed by the student) Team Name_____
Name_____
Address_____
City_____ State_____ Zip_____

whose school records show his or her birth date as: ____/____/____ is enrolled in
_____ High School for the 20____ - 20____ school year.

Signed_____ Date_____

Printed Name_____ Title_____

School_____

Address_____

City_____ State_____ Zip_____

Phone_____ Fax_____

Affix School Seal