NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION YOUTH DIVISION

VERIFICATION OF ENROLLMENT IN A HIGH SCHOOL PROGRAM

I hereby certify that:

(To be completed by the student) Te	am 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