

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