EXTRACURRICULAR ACTIVITY ENROLLMENT VERIFICATION
TO BE COMPLETED BY A SCHOOL OFFICIAL, COACH, OR ACTIVITY LEADER

INSTRUCTIONS FOR ORGANIZATION OFFICIAL: Please complete the following fields and affix your organization's or school's official stamp/seal to this form *if applicable*. Include name and contact information for the school, facility, or individual overseeing the activity.

Student Name: _____
First Last MI

_____
Verifying Official Name & Title (please print)

Extracurricular Activity: _____
(e.g., basketball, piano lessons, 4-H, etc.)

Address: _____
PO Box/Street City State ZIP

Phone: _____ Email: _____

Grade/Classification of Student: (Or Age Division) _____ School/Program Year: _____

_____
Verifying Official Signature ***Date***

I understand that my signature and the affixed stamp/seal affirm the above-named student is currently participating or pre-registered in the listed extracurricular activity/program as of this date.

AFFIX STAMP/SEAL HERE