

## Academic Eligibility Form 2023-2024 Season

CLUB NAME:				
DIVISION:	VARSITY		JV	
(Please circle)	Gold Silver Bron	nze Gold	Silver Bronze	
GRADING PERIOD:DATE OF REPORT:			EPORT:	
	ly, if all players are	OT met the No Pase passing complete	ss / No Play the above, sign and	
PLAYER NAME		<u>PLA</u>	PLAYER JERSEY #	
period, we certi	fy this report to be <mark>canned and emaile</mark>	rds for the above so accurate. ed to Keith Andrese		
Team Rep:		Club Position:		
Signature:		Date:		