



**NATIONAL  
WHEELCHAIR  
BASKETBALL  
ASSOCIATION**

**JUNIOR DIVISION  
VERIFICATION OF ENROLLMENT IN A HIGH SCHOOL PROGRAM**

I hereby certify that:

Team Name: _____		
Athlete Name: _____		
Address: _____	Phone: _____	
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 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

(Please Affix School Seal)