

WOSSAA ELIGIBILITY FORM - Part 1

School: _____	Date: _____	Sport: _____	Division: _____
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Name (alphabetized by last name)	Age (as of Jan. 1 this year)	Grade (as of Sept. 1)	Birthdate (d-m-y)	School Attended (previous 12 months)
1.				
2.				
3.				
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20.				

Complete WOSSAA Eligibility Form - Part II for any athletes that did not attend your school last year and are not in Grade 9 this year. Please obtain the appropriate and necessary signatures and fax this form to the convenor not later than 48 hours before your first game.

Signatures

Head Coach

Athletic Director

Principal
