OKANAGAN CENTRAL SCHOOLS
ATHLETIC ASSOCIATION

MEMBER SCHOOL VERIFICATION FORM	
School Name:	
School Address:	
Principal:	Athletic Director:
School Phone #:	A.D. Home Phone #:
School Fax #:	A.D. E-mail:
Additional people with e-mail:	
BELL TIMES	
Start: Break: Lunch: End:	
Best time to reach Athletic Director:	
School Nickname: (if changed)	School Colors: / Dominate Color:
Gym Availability Restrictions	
Number of usable courts:	
Dates:	

APPENDIX 1