

**WEST VIRGINIA CHRISTIAN ATHLETIC ASSOCIATION
OFFICAL TEAM ELIGIBILITY LIST**

To be forward to the Commissioner so that post mark is no later than the first game (conference or Non-Conference) of the team listed. Failure to do so will be penalized according to the Athletics Manual.

Name of School _____ Phone _____
 Sport _____ Boys / Girls Varsity / J.V.
 (Underline team designation)
 Coach of above team _____ Date submitted _____
 Date of first game _____

Student's Name (ALPHABETICALLY)	Birthdate	Age	Class/Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

LIST ANY ADDITIONAL NAMES ON A SEPARATE SHEET.

I hereby certify that the information listed in this report is accurate.

Date: _____ Signed: _____
 (Head Administrator)

WVCAA COMISSIONER'S OFFICE USE:

Date Postmarked: _____ Signed: _____
 (Commissioner)