

JAOSA TOURNAMENT TEAM PLAYER GRADE AND AGE VERIFICATION FORM

I, _____, as School Principal of
_____, a Private / Public School located in
Jackson, Missouri of Cape Girardeau County, Missouri, 63755, hereby
verify that _____, is enrolled in school
and is a student in good standing in the _____ grade.

Student's Full Name: _____

Student's Address: _____

Student's Age: _____

Dated this _____ day of _____, 20_____

Signature