Athletics Letter of Intent--SOUTH

Teacher:

School:

Email:

Phone:

Number of Athletes Competing:

Number of Volunteers Requested:

**\*\*Please list each athlete’s name and gender so that we may check their medical form. If you need to hand in a medical form please send it directly to the Colonial Intermediate Unit 20 Office attention Amanda Sechrist.**

|  |  |
| --- | --- |
| 1. | 11. |
| 2. | 12. |
| 3. | 13. |
| 4. | 14. |
| 5. | 15. |
| 6. | 16. |
| 7. | 17. |
| 8. | 18. |
| 9. | 19. |
| 10. | 20. |

***DUE DATE: February 2, 2018 to Amanda Sec******hrist HYPERLINK "mailto:asechrist@ciu20.org" HYPERLINK "mailto:asechrist@ciu20.org"asechrist@ciu20.org***