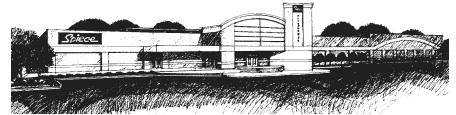




Indiana Basketball Association (I.B.A.)



Spiece Fieldhouse
Home of Gym Rats Basketball
Located at 5310 Merchandise Drive
Fort Wayne, IN 46825
Office 260-471-5270 • 260-471-3469 (FAX)
Email: bill@gymratsbasketball.com
www.gymratsbasketball.com

HIGH SCHOOL NAME:

HIGH SCHOOL CLASSIFICATION: (circle one) 1A 2A 3A 4A

SCHOOL & GRADE CONFIRMATION FORM

List your team members below and indicate school attending and grade.
Have a School Official sign the form for verification.

Table with 3 columns: NAME, GRADE, SCHOOL. Rows 1-12.

**TO PARTICIPATE AS A SCHOOL CORPORATION TEAM, ALL TEAM MEMBERS MUST LIVE IN AND ATTEND A/OR SCHOOL(S) WITHIN THE SAME PUBLIC SCHOOL CORPORATION. THIS FORM CONFIRMS THAT ALL TEAM MEMBERS DO MEET THIS CRITERIA.

TEAM NAME _____

School Official/High School Coach or Athletic Director Signature _____

Phone/Contact Number of School Official _____ Email: _____