

SANTA CLARA VALLEY ATHLETIC LEAGUE CHANGE OF CONTEST FORM

SCHOOL REQUESTING THE CHANGE: _____ HIGH SCHOOL

HOME SCHOOL _____ VISITING SCHOOL _____

SPORT REQUESTING CHANGE: BOYS GIRLS _____ LEVELS V, JV, FS, FROSH
(PLEASE CIRCLE ALL THAT APPLY) (PLEASE CIRCLE ALL THAT APPLY)

DATE OF ORIGINAL CONTEST: _____

DATE REQUESTING CONTEST TO BE MOVED: _____

REASON FOR CHANGE:

ALL OF THE FOLLOWING SIGNATURES ARE REQUIRED

HOME SCHOOL _____ VISITING SCHOOL _____

HOME PRINCIPAL SIGNATURE

VISITING PRINCIPAL SIGNATURE

HOME ATHLETIC ADMINISTRATOR SIGNATURE

VISITING ATHLETIC ADMINISTRATOR SIGNATURE

HOME VARSITY HEAD COACH SIGNATURE

VISITING VARSITY HEAD COACH SIGNATURE

REQUIRED FOR VARSITY OR LOWER LEVEL CONTEST

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