WGAZ 2019 Member Certification Form

EFFECTIVE DATE OF	CERTIFICAT	ΓΙΟΝ FORM:	(MM/DD/YYYY)	
signature of the school princi scholastic program MUST at affiliation. **ONLINE SUBMISSION?	pal. Independent tach a written lett	t units that have r ter stating that the	l entries from scholastic units l nembers from a high school wi ose students are released from t	th an existing heir high school
Submission of this form wil form, log in and upload the			via www.competitionsuite.co	m. Please scan this
	onsored events, and DRMATION – (p	nd MUST BE UP.		
UNIT NAME:				·
DIRECTOR NAME:		PHONE:		
CHECK ONE: PERC	GUARD	WINDS	CLASSIFICATION	
			forming members of the unit no certified to compete in WGAZ o	
Print name (principal- schola	stic director – in	d) Sign nan	e (principal – scholastic, direct	 tor _ ind)

PRINT OR TYPE ALL PERFORMING MEMBERS IN THE SPACE BELOW: