



SOCCER DISTRICT CHAIRPERSON CERTIFICATION FORM

THIS FORM IS TO BE COMPLETED BY THE DISTRICT CHAIRPERSON FOR EACH DISTRICT AND SUBMITTED TO THE LHSAA OFFICE BY THE DEADLINE DATE LISTED BELOW.

**PLEASE FOLLOW THE INSTRUCTIONS BELOW
WHEN SUBMITTING THIS FORM:**

1. Email this **completed** form to LHSAA Assistant Executive Director, Michael Federico @ mfederico@lhsaa.org. It is the responsibility of the District Chairperson to confirm that this form has been received.
2. This form **MUST** be received by **Monday, February 3, 2020 (GIRLS) OR Tuesday, February 4, 2020 (BOYS)** before 10:00 P.M. (ALL DIVISIONS).
3. By submitting this form, you certify that you are the District Chairperson and that all the information is correct.

DIVISION: _____ **DISTRICT:** _____ **DATE:** _____

SIGNATURE OF CHAIRPERSON: _____

CHAIRPERSON'S SCHOOL: _____

HOME PHONE #: _____ **CELL PHONE #:** _____

PLEASE CHECK A BOX:

- GIRLS
- BOYS

<u>DISTRICT FINISH</u>	<u>SCHOOL</u>
1 ST	