

ATHLETIC TEAM PHYSICIAN

2014 REQUEST FOR NCHSAA ATHLETIC PASS

ONE PASS PER SCHOOL

Yearly pass requests are processed and mailed beginning mid September of each school year.

Each pass is valid from September through September of the following year.

School Name

Team Physician's Name (please print)

Principal of Entire School

Principal's Signature

Date of Request

Principal's Telephone Number

Please return this form to Pepper Hines, P.O. Box 3216, Chapel Hill, NC 27515 or fax 919-240-7397

**** This athletic pass, approved by the NCHSAA Board of Directors, is **NON-TRANSFERABLE**. Any abuse of this policy, may result in the athletic pass being revoked and not re-issued**
FORM APNCHSAA14

JULY 2011PH

FOR NCHSAA USE ONLY

Request – Approved/Denied

Comments:

NCHSAA Staff Member Signature

Date Sent