

MUST BE RETURNED NO LATER THAN OCTOBER 9, 2020

2020 NCHSAA Recognition Form For Team Physician/Doctor/ Physician's Assistant/Athletic Trainer

(we will provide you with a certificate of Recognition at the Regional meeting to give to the name person(s))

School Name

Region

Principal's Name

Person Submitting the Request

Date of Request

Date Received (NCHSAA Office)

Team Physician(s) please type if possible. Names must be legible and complete (**first & last name** and title if applicable). **No certificates will be provided if form is incomplete and returned after deadline date.**

Please return this form by October 9, 2020 to:

**Pepper Hines
NCHSAA
P.O. Box 3216
Chapel Hill, NC 27515
919-240-7399 (fax)
pepper@nchsaa.org**