

REQUEST TO BECOME A CATEGORY 2 KENTON CITY SCHOOLS'
SPONSORED ORGANIZATION
**ORGANIZATIONS MUST REAPPLY EVERY SCHOOL YEAR FOR CATEGORY 2
DESIGNATION.**

DATE OF APPLICATION: _____

APPLICANT'S NAME AND CONTACT INFORMATION (EMAIL/PHONE):

ORGANIZATION NAME: _____

PURPOSE OF THE ORGANIZATION:

ARE YOU A NON PROFIT ORGANIZATION: YES NO

WHICH KENTON CITY SCHOOLS' VARSITY PROGRAM IS YOUR ORGANIZATION ENDORSED BY:

GRADE LEVEL OF STUDENTS INVOLVED IN THE PROGRAM: _____

DO ALL THE STUDENTS INVOLVED IN THE PROGRAM ATTEND THE KENTON CITY SCHOOL
DISTRICT? YES NO

IF NO, EXPLAIN? _____

APPLICANT'S SIGNATURE

DATE

COACH/ADVISOR SIGNATURE

DATE

ATHLETIC DIRECTOR/PRINCIPAL SIGNATURE

DATE

BOARD DECISION: APPROVED _____

REJECTED _____