

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

ATHLETIC DIRECTOR/PRINCIPAL SIGNATURE

DATE

BOARD DECISION: APPROVED _____

REJECTED _____