



REQUEST TO PLAY INDIVIDUAL SPORT WITH GICAA

Name of School: _____

Total number of Sports played by School: _____

Athletic Association Affiliation: _____

Name of requested Sport: _____

School Year Requested: _____

Reason for wanting to play sport with GICAA: _____

Reason for NOT playing other Sports with GICAA: _____

For Office Use Only (Executive Committee decision):

Approved

Denied