



School Declaration Form

School Name: _____

Principal Name: _____

School Athletic Director Name: _____

School's County: _____

School Division: _____ High School _____ Middle School

High School Classification for the 2007-2008 Season: (Circle one) A / AA / AAA / AAAA / AAAAA

Scholastic Sports Affiliation: (Circle one) GHSA or GISA

_____ We **will encourage** our coaches and students to participate in the 2008 Georgia Games Scholastic Sports Olympiad.

_____ Please list our school as additionally insured on your insurance policy. We would like the following name and address listed on the certificate:

Name to be listed: _____

Address: _____

_____ NO we do not need to be listed as additionally insured.

_____ We **will NOT participate** in the 2008 Georgia Games Scholastic Sports Olympiad. Please exclude our school from the competition and the grant program.

Name: _____ Signature _____

Please submit this completed form to the Georgia Games office at **prior to May 1, 2008.**

Fax to: 770-528-3590

Or

Mail to: PO Box 2043, Kennesaw, GA 30156