

**Ohio High School Athletic Association**



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| --- |
| Friday Night Fútbol |
| Home Team |  |
|  | Boys   |  | Girls   |
| Away Team |  |
|  |
| School Administration  |
| School |  |
| Athletic Administrator |  |
| Coach |  |
|  |  |
| Service Project |
| Event Title |  |
| Description  |  |
| Date |  | Location |  |

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| **For Office Use Only:** **Approve**  **Deny**  **OHSAA Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Form to be submitted by school Athletic Administrator to Kate Barnett: kbarnett@ohsaa.org*** |