OVSAA Application for Recognition of Member

To recognize service to athletics within the OVSAA

CRITERIA:

Must be a member/affiliate of the OVSAA. Must have a sponsor and approval from Zone President and OVSAA Executive.

SPONSOR:

Name: _____

Phone: _____

School: _____

Email: _____

NOMINEE:

Name: _____

Current School: _____

LIST of accomplishments/involvement/positions held/etc.:

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