

Please have bring this form completed  
To the NCS/Les Schwab Tires Golf Championship to check in your athlete(s)

**NORTH COAST SECTION**  
*5 Crow Canyon Court, Suite 209*  
*San Ramon CA 94583*  
925-263-2110, FAX 925-263-2120

**GOLF CERTIFICATION OF AUTHORIZED PERSONNEL**

NCS Bylaws

All coaches of CIF/NCS member school teams must meet the requirements of the California Education Code 49032, 35179.1 and Bylaw 22.B.9

School \_\_\_\_\_

Coach's Name \_\_\_\_\_ HM # ( ) \_\_\_\_\_ WK # ( ) \_\_\_\_\_

Coach's Address \_\_\_\_\_

City \_\_\_\_\_

Drivers License Number \_\_\_\_\_

I hereby assert and verify that the person named above is employed

by \_\_\_\_\_ High School and meets the

requirements of the above bylaw as of this date.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

Print Name \_\_\_\_\_

**PLEASE MAKE SEPARATE COPIES FOR EACH CERTIFIED COACH**