



CHAMPIONSHIPS

As a representative (i.e., student-athlete, administrator, coach, manger and/or other institutional personnel) of the institution below, I certify that all NCAA rules pertaining to the Division II Championships Code of Conduct have been read. I agree to abide by the expectations set forth and understand the possible penalties for misconduct.

Sport: _____

Institution: _____

NAME	SIGNATURE

Head Coach Signature

Date

SAAC Team Representative's Signature

Date

Sport Supervisor (Director of Athletics or Designee)

Date

Forms should be e-mailed by Wednesday, November 16 to the Jay Jay Rackley (jrackley@ncaa.org).
Submit multiple forms if additional signature space is needed.