

Limited Facilities Waiver Form

High School: _____

Community in which the high school is located: _____

Other communities within the boundaries of that school unit: _____

Principal's signature below certifies that there are no other facilities within the confines of the communities listed above. Signature also indicates awareness that all other aspects of the MPA Sport Season Policy will be adhered to if this waiver is approved. The waiver is granted for one school year only and must be reapplied for the following year.

Waiver request is for:

____ Gymnasium

____ Athletic Fields (please be specific)

____ Other (please be specific)

Please provide any other information that might add to the uniqueness of your situation.

Principal's Signature _____ Date _____

____ Approved by the MPA Executive Director _____ Date _____

____ Referred to the MPA IMC _____ Date _____