



TITLE IX MANUAL RECEIPT VERIFICATION

As my school's Delegate, I affirm that I have on this date received two copies of the KHSAA Title IX Manual.

I further agree that I will deliver a copy as requested and will be responsible for its receipt by the Principal at the below named school.

I further acknowledge that replacement copies will be available at a cost to the member school.

Donna Moia

Print Name (legibly)

Donna Moia

Signature

Sacred Heart

School

1/12/00

Date

Distribution - Top Copy - Delegate Bottom Copy - KHSAA