

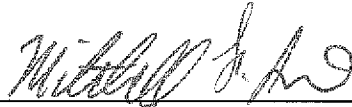


TITLE IX MANUAL RECEIPT VERIFICATION

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.

<u>MICHAEL F. IRVIN</u>	<u></u>
Print Name (legibly)	Signature
<u>SOUTH OLAHAWA H.S.</u>	<u>1/10/00</u>
School	Date

Distribution - Top Copy - Delegate Bottom Copy - KHSAA