

KBOA

Pre-Season Scrimmage Sign-In Sheet

DATE: _____

LOCATION: _____

HOME: _____

VISITOR: _____

CHECK ONE: BOYS: _____ GIRLS: _____

CHECK ONE: VARSITY: _____ FRESHMAN/JV: _____

1 _____

2 _____

3 _____

4 _____

Return completed form within 24 hours after scrimmage to:
Kevin O'Bryan by FAX 502-508-3067 or E-MAIL: kevin.obryan@insightbb.com