FLOWING WELLS HIGH SCHOOL

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ATHLETIC PRACTICE PERMIT

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Authorized Signature

SPORT	SPORT
NAME	NAME
GRADE DATE	GRADE DATE
The above named student athlete has satisfied all requirements as set by Arizona Interscholastic Association and Flowing Wells High School and is now eligible to participate in athletics.	_
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Rev. MAR 2010 9-FW20060	Rev. MAR 2010 9-FW20060
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