

# Fairfield County Basketball League

## GRADE AGE EXCEPTION FORM

Program/Organization	
Grade	
Gender	
Team No/Name	
Coach	
Player Name	
Player Address	
Player Phone	
Player Email	
School Attending	
School Address	
School Phone	

This is to certify that \_\_\_\_\_ is attending \_\_\_\_\_  
Player's Name School's Name

for the calendar year \_\_\_\_\_ in the \_\_\_\_\_ Grade

School Administrator	
Signature	
Position	
Phone Number	
Date	