

Restricted Use of School Name

Complete this form, SIGN completed form (electronic signature is permitted), and SUBMIT signed form.

Email: admins@oisran.org

Regular mail: OISRAN Administrative Services 63676 High Standard Dr. Bend, OR 97701

Name of School: _____

School Address: (Street): _____

(City/State/Zip): _____

School District: _____

Students attending the above named school DO NOT have permission from this school to use the name of this high school, school mascot, or school colors when participating in OISRAN sanctioned activities. Neither the school nor the school district provides funding, services, or supervision for these activities. The students and adults who supervise these students will have registered with the OISRAN and will have OISRAN liability insurance coverage.

Name of Principal, Athletic Director, or Activities Director – and school position (PRINTED OR TYPED):

Signature of school authority named above _____ Date: _____

(for OISRAN records)

Name of designated OISRAN Head Coach (PRINTED OR TYPED): _____

Phone: _____ Email: _____