

GAME DAY ONLY TEAMS

OASSA 2020 Regional Qualifiers & States Championship

**Band Dance Music/School Fight Song
APPROVAL FORM**

We acknowledge and give permission for the _____ Cheer Team to use the
(School Name)

school's Fight Song or Band Dance Music for the 2020 OASSA Regionals/States Competition(s) at the
Regional Qualifier and/or States Championship.

Band Director Name (Print)

Principal Name (Print)

Band Director Signature

Date

Principal Signature

Date

*Please print this signed approval on your school's letterhead.