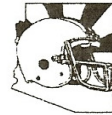




**ARIZONA POP WARNER YOUTH FOOTBALL FEDERATION
ADDRESS VERIFICATION FORM**



Name _____

Address _____

Phone Number _____

Application # _____

Reason for Verification _____

Remaining information to be filled out by School Official

School student attends _____

School phone number _____

Student address on file _____

(This area for school stamp)

School Official Name

School Official Title

School Official Authorized Signature

Date

.....
Verified by _____
Federation Official

Date