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**GAMES TEACHER / COACHS NAME..... PRINCIPALS NAME.....**

**TSC NO.....**

**TSC NO.....**

**Sign.....Date.....**

**Sign.....Date.....**

**Stamp**

**Stamp**

**DECLARATION**

I , the principal of the above named School hereby solemnly declare that the information provided and in any other related documents on my School team bearing my signature and School stamp is correct.

*Countersigned by*

GAMES TEACHER/COACH'S NAME .....Sub County Director of Education.....

T.S.C NO.....

NAME.....

Sign.....

Sign.....

Date.....

Date.....

School stamp

Stamp

PRINCIPAL'S NAME.....

County Director of Education.....

T.S.C NO.....

NAME.....

Sign.....

Sign.....

Date.....

Date.....

School stamp

Stamp

Regional Coordinator of Education.....

NAME.....

Sign.....

Date.....

Stamp