

Navarre Wolves Basketball Program

Annual Conflict of Interest Disclosure & Affirmation

This form must be completed annually by all officers, board members, and key persons.

Name:

Title / Position:

Year Covered:

Do you have any actual or potential conflicts of interest?

Yes

No

If yes, please explain (attach additional page if needed):

Signature:

Date:

Board Certification of Compliance

The Executive Board certifies that all required Conflict of Interest statements have been received and reviewed for the year listed below.

Year Certified:

President / Head Coach Signature:

Vice President / Team Administrator Signature:

Date: