

# 2020 MENTOR/MENTEE GAME APPROVAL FORM

Mentee Name \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Mentor Name \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Game #1:

Location \_\_\_\_\_ Date \_\_\_\_\_

Manager Name \_\_\_\_\_ Manager Approval \_\_\_\_\_

Game #2:

Location \_\_\_\_\_ Date \_\_\_\_\_

Manager Name \_\_\_\_\_ Manager Approval \_\_\_\_\_

Game #3:

Location \_\_\_\_\_ Date \_\_\_\_\_

Manager Name \_\_\_\_\_ Manager Approval \_\_\_\_\_

Game #4:

Location \_\_\_\_\_ Date \_\_\_\_\_

Manager Name \_\_\_\_\_ Manager Approval \_\_\_\_\_

Game #5:

Location \_\_\_\_\_ Date \_\_\_\_\_

Manager Name \_\_\_\_\_ Manager Approval \_\_\_\_\_

Game #6:

Location \_\_\_\_\_ Date \_\_\_\_\_

Manager Name \_\_\_\_\_ Manager Approval \_\_\_\_\_

Mentee, once you obtain the 6 game approvals, return form to the Mentor/Mentee Chairman.

Bruce Cahoon  
159 Delaware Trail  
Akron, OH 44321-2749