

**IHSA PASS GATE**

***THE FOLLOWING ARE THE ONLY PERSONS REPRESENTING A MEMBER SCHOOL TO BE ADMITTED FREE TO THIS CONTEST.***

***PARTICIPATING SCHOOLS MUST COMPLETE THIS FORM AND RETURN IT TO THE SECTIONAL MANAGER PRIOR TO THE START OF THE EVENT.***

HOST SCHOOL: **Paxton-Buckley-Loda High School**

LEVEL: SECTIONAL

YOUR SCHOOL:

(The top \_\_\_\_\_ are allowed to have one guest)

ADMINISTRATION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. HEAD VARSITY COACH: \_\_\_\_\_
7. ASSISTANT COACH: \_\_\_\_\_  
ASSISTANT COACH: \_\_\_\_\_
8. MANAGER: \_\_\_\_\_
9. SCOREKEEPER: \_\_\_\_\_
10. BUS DRIVER: \_\_\_\_\_
11. ATHLETIC TRAINER: \_\_\_\_\_

**ALL OTHER REPRESENTATIVES FROM YOUR SCHOOL MUST PAY.**

**IN CASE OF AN EMERGENCY OR NEED TO COMMUNICATE CHANGES:**

**CONTACT PERSON:**

**CELL PHONE:**

**E-MAIL**