

PASS GATE

THE FOLLOWING ARE THE ONLY PERSONS REPRESENTING A MEMBER SCHOOL TO BE ADMITTED FREE TO THIS CONTEST. THE TOP SEVEN (7) CATEGORIES WILL BE ADMITTED FOR THE ENTIRE TOURNAMENT. ROSTERED PLAYERS WILL ONLY BE ADMITTED ACCOMPANIED BY THE COACH.

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

HOST SCHOOL: _____

YOUR SCHOOL: _____

(The top 7 are allowed to have one guest)

ADMINISTRATION

1. _____

2. _____

3. _____

4. _____

5. _____

6. HEAD VARSITY COACH: _____

7. ASSISTANT COACH: _____

ASSISTANT COACH: _____

ASSISTANT COACH: _____

ASSISTANT COACH: _____

8. MANAGER: _____

9. SCOREKEEPER: _____

10. VIDEO/CAMERA OPERATOR: _____

11. BUS DRIVER: _____

12. ATHLETIC TRAINER: _____

13. ALL ROSTERED PLAYERS ACCORDING TO THE TERMS AND CONDITIONS

ALL OTHER REPRESENTATIVES FROM YOUR SCHOOL MUST PAY TO ATTEND AN IHSA TOURNAMENT.

IN CASE OF AN EMERGENCY OR NEED TO COMMUNICATE CHANGES:

CONTACT PERSON: _____

CELL PHONE: _____

E-MAIL _____