



**PASS GATE**

THE FOLLOWING ARE THE ONLY PERSONS REPRESENTING A MEMBER SCHOOL TO BE ADMITTED FREE TO THIS CONTEST. **THEY WILL BE ADMITTED ONLY ON DAYS THAT THEIR TEAM IS PARTICIPATING, EXCEPT FOR THE HEAD COACH AND HE/SHE WILL BE ADMITTED FOR YOUR ENTIRE TOURNAMENT.**

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

HOST SCHOOL: \_\_\_\_\_

LEVEL: \_\_\_\_\_ REGIONAL \_\_\_\_\_ SECTIONAL \_\_\_\_\_ SUPER-SECTIONAL

YOUR SCHOOL: \_\_\_\_\_

(The top 5 are allowed to have one guest)

1. SUPERINTENDENT: \_\_\_\_\_

2. PRINCIPAL: \_\_\_\_\_

3. ATHLETIC DIRECTOR: \_\_\_\_\_

4. ASSISTANT ATHLETIC DIRECTOR \_\_\_\_\_

5. HEAD VARSITY COACH: \_\_\_\_\_

6. ASSISTANT COACH: \_\_\_\_\_

ASSISTANT COACH: \_\_\_\_\_

ASSISTANT COACH: \_\_\_\_\_

ASSISTANT COACH: \_\_\_\_\_

7. MANAGER: \_\_\_\_\_

8. SCOREKEEPER: \_\_\_\_\_

9. VIDEO/CAMERA OPERATOR: \_\_\_\_\_

10. BUS DRIVER: \_\_\_\_\_

11. ATHLETIC TRAINER: \_\_\_\_\_

12. ALL ROSTERED PLAYERS ACCORDING TO THE TERMS AND CONDITIONS

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

CONTACT PERSON \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

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