

## IHSA 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 IN WHICH A SCHOOL IS PLAYING. ROSTERED PLAYERS WILL ONLY BE ADMITTED IF ACCOMPANIED BY A COACH.

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 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** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_