

# 2006-07 BOYS VOLLEYBALL PASS GATE

THE FOLLOWING ARE THE ONLY PARTICIPANTS REPRESENTING A MEMBER SCHOOL THAT MAY 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 THE FORM AND RETURN IT TO THE TOURNAMENT MANAGER PRIOR TO THE START OF THE EVENT.

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

LEVEL: REGIONAL \_\_\_\_\_ SECTIONAL \_\_\_\_\_

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

(The top 7 are allowed to have one guest)

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 THE IHSA TOURNAMENT.**

***IN CASE OF AN EMERGENCY OR A NEED TO COMMUNICATE CHANGES TO YOUR SCHOOL***

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

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

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

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