



2014 Country Financial Three-Point Regional School Participant Entry Form

Competing School: _____

| | First Name | Last Name | Year | Uniform # |
|----|------------|-----------|------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Athletic Director Name _____ Cell Phone _____

Coach Name _____ Cell Phone _____

Must be completed by AD or Head Coach and faxed to the host manager 24 hours prior to competition!

Individuals advancing to the Sectional competition will be listed on the IHSA ScoreZone.