

IHSA Pass Gate List

(Not valid at State Final Events)

Illinois High School Association 2715 McGraw Dr., Bloomington, IL 61704

Phone: 309-663-6377 Fax: 309-663-7479 The fields in this form will accept a cursor and can be filled out prior to printing.

The following are the only persons representing a member school to be admitted free to this contest. The top eight (8) 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.

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Sport/Activity:					
Host School:					
Level of Contes	st:				
Your School:					7
					_
The top four (4) are a	allowed to have one	(1) guest. Guests 1-3 must arrive with a	administrator. Guest 4 ma	ay arrive late.	
Administration	l				
1.					
2.					
3.					
4. Head Varsity Coach		Gue	iest		
The remaining	coaches etc ar	re allowed entry into the tour	nament hut are not	at normitted a quest	_
The remaining	coaciies, etc. ai		nament but are <u>not</u>	<u>n</u> permitted a guest.	
5. Assistant Coach					
6. Assistant Coach					
7. Assistant Coach					
8. Assistant Coach					
9. Manager					
10. Scorekeeper					
11. Video/Camera Operator					
12. Bus Driver					
13. Athletic Tr	ainer				
14. All rostere	ed players accord	ling to the terms and conditions.			
	All other re	presentatives from your scho	aal must nav ta atta	and an IHSA tournament	
	Allottierre	presentatives from your scho	ooi must pay to atte	end an insa tournament.	
	In ca	se of emergency or need to c	ommunicate chang	ges to your school:	
Contact Person:			Contact Person:		\neg
Cell Phone:			Cell Phone:		\dashv
Fmail:			Fmail:		\dashv