

2019 IHSA Boys Tennis Sectional Request for Earlier Start Time

To: Principals of schools participating	ng in the IHSA Boys'	' tennis sectional	
From: Sectional manager(Sectio	nal manager's name)	
RE: Request for earlier sectional ter			
•	e use this form for at	uthorization. This form w	red for all principals of participating schools to rill replace contacting the IHSA for an early start
This correspondence is requesting y	our approval for the	IHSA Boys Tennis Sectio	nal, held at
	to begin or	n Friday, May 17th at	
This request is made for the following	ıg reason(s):		
Number of teams competing	ng in the Sectional		
Number of rounds to be co	mpleted on Friday		
Number of rounds to be co	ompleted on Saturda	ıy	
Number of courts available	for play		
Pending weather			
	((Participating school)	
	(Part	ticipating school principal)
	Approve:	ACTION Disapprove:	
-	(Participati	ing school principal's sigr	nature)
	Please retu	urn this form to the host :	school:
AX: or E-Mail:			