

2016 IHSA Girls Tennis - Early Request Tennis Sectional



To: The Principals of schools participating in the IHSA Girls Tennis Sectionals

From: The Sectional Manager _____
(Sectional Manager)

This correspondence is requesting your approval for the IHSA Girls Tennis Sectional, held at

_____ High School

to begin on Friday, October 14, 2016 at _____ p.m.

This request is made for the following reasons:

Number of teams competing in the Sectional _____

Number of rounds to be completed on Friday _____

Number of rounds to be completed on Saturday _____

Number of courts available for play _____

Please be advised that a round of tennis requires anywhere from one to three hours. In accordance with the IHSA Tennis Terms and Conditions, it is necessary for all the principals of the participating schools to approve such a request in writing. Thank you for your consideration.

(Participating School)

(Participating School Principal)

(please print)

Principals, please return this form to the host school

Fax: _____

ACTION

Approve: _____ Disapprove: _____

(Participating School Principal's Signature)

Note: Sectional managers who wish to begin play on Friday, before 4:00 p.m. must have written approval from all participating school principals. Please use this form for authorization. This form will replace contacting the IHSA for an early start approval.