

2022 IHSA Girls Tennis Sectional Request for Earlier Start Time

| To: Principals of schools participa | ting in the IHSA Girl | ls' tennis sectional | |
|-------------------------------------|-----------------------|---------------------------------------|--|
| From: Sectional manager(Sect | ional manager's nan | ne) | |
| RE: Request for earlier sectional t | ennis start time | | |
| | se use this form for | authorization. This form | uired for all principals of participating schools to will replace contacting the IHSA for an early start |
| This correspondence is requesting | your approval for tl | he IHSA Girls Tennis Sec | tional, held at |
| | to begin | on Friday, October 14th a | at |
| This request is made for the follow | ving reason(s): | | |
| Number of teams compe | ting in the Sectional | I | |
| Number of rounds to be | completed on Friday | / | |
| Number of rounds to be | completed on Satur | day | |
| Number of courts available for play | | | |
| Pending weather | | | |
| | | (Participating school) | |
| | (Pa | articipating school princip ACTION | pal) |
| | Approve: | | |
| | (Particip | ating school principal's s | ignature) |
| | Please re | eturn this form to the ho | st school: |
| FAX: | | or E-Mail: | |