



## School Information Form

Please fill out the following information and fax (309-663-7470) or email it to Emma Carstens ([ecarstens@ihsa.org](mailto:ecarstens@ihsa.org)) by 10:00 a.m. on Friday, October 11, 2024.

Class 1A \_\_\_\_\_

Class 2A \_\_\_\_\_

Class 3A \_\_\_\_\_

Please check one.

School \_\_\_\_\_

Head Coach's Name \_\_\_\_\_

Head Coach's Cell Phone Number \_\_\_\_\_

Assistant Coach's Name \_\_\_\_\_

Assistant Coach's Cell Phone Number \_\_\_\_\_

Athletic Director's Name \_\_\_\_\_

Athletic Director's Cell Phone Number \_\_\_\_\_

Principal's Name \_\_\_\_\_

Principal's Cell Phone Number \_\_\_\_\_

\*Must be listed on the List of Participants