



## 2018 Country Financial Three-Point Regional School Participant Entry Form

Competing School: \_\_\_\_\_

	First Name	Last Name	Year	Uniform #
1.				
2.				
3.				
4.				

Athletic Director Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Coach Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Must be completed by AD or Head Coach and faxed to the host manager 24 hours prior to competition!  
Substitution of participating athletes may occur 24 hours prior to competition.  
Individuals advancing to the Sectional competition will be listed on the IHSA ScoreZone.**