

## **IHSA Football Playoff Pass Gate List**

Illinois High School Association 2715 McGraw Dr., Bloomington, IL 61704

Phone: 309-663-6377 Fax: 309-663-7479

**Email:** 

The fields in this form will accept a cursor and can be filled out prior to printing.

The following are the only persons representing a member school to be admitted free to this contest. The top seven (7) categories will be admitted for the entire tournament. Rostered players will only be admitted accompanied by the coach.

Participating schools must complete this form and return it to the tournament manager prior to the start of the event.

Host School:				
Level:	1st Round	2nd Round	<ul><li>Quarterfinal</li></ul>	○ Semifinal
Your School:				
he top seven (7) are	e allowed to have one (1)	guest.		
Administration	1			
1.			Gue	st
2.			Gue	st
3.			Gue	st
4.			Gue	st
5.			Gue	st
6. Head Varsity Coach			Gue	st
7. Assistant Coach			Gue	st
Assistant C	Coach			
Assistant (	Coach			
Assistant (	Coach			
8. Manager				
9. Scorekeep	er			
0. Video/Cam	nera Operator			
1. Bus Driver				
2. Athletic Tr				
3. All rostere	d players according t	o the terms and conditions.		
	All other repres	sentatives from your scho	ool must pay to atter	nd an IHSA tournament.
	In case o	of emergency or need to c	ommunicate change	es to your school:
ontact Person:			Contact Person:	
all Phono:			Call Phone:	

This pass gate list is to be used only for playoff games. There is no pass gate list for the state championship game.

ADMINISTRATORS: This is the only pass gate list that can be used at all football playoff games. NO ONE ELSE GETS IN FREE.

**Email:**