



Illinois High School Association
 2715 McGraw Dr., Bloomington, IL 61704
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IHSA Application to State Association for Sanction of Interstate Athletic Event

(Suggested for use when NFHS sanction is NOT required)

SECTION 1 (To be completed by host school)

| | | | | | |
|---|--|--|----------------------|---------------|----------------------|
| Application Date: | <input type="text"/> | Sponsor(s): | <input type="text"/> | | |
| Sport: | <input type="text"/> | (Member high school/other sponsoring organization) | | | |
| | <input type="checkbox"/> Boys <input type="checkbox"/> Girls | Address: | <input type="text"/> | | |
| Date of Event: | <input type="text"/> | City: | <input type="text"/> | | |
| Time of Event: | <input type="text"/> | State: | <input type="text"/> | Zip: | <input type="text"/> |
| Name of Event (if applicable): | <input type="text"/> | | | | |
| Schools invited from the following states: | <input type="text"/> | | | | |
| Number of participating schools: | <input type="text"/> | Event will be managed by: | <input type="text"/> | | |
| (Attach a list of all schools competing) | | (State association approved school or other sponsor) | | | |
| Entry Fee? | <input type="radio"/> Yes | Amount: | <input type="text"/> | City: | <input type="text"/> |
| | <input type="radio"/> No | | | State: | <input type="text"/> |
| | | | | Zip: | <input type="text"/> |
| Admission fee charged? | <input type="radio"/> Yes | Name of manager/title: | <input type="text"/> | | |
| | <input type="radio"/> No | Phone: | <input type="text"/> | Fax: | <input type="text"/> |

Awards Information:

Description of Awards and Other Compensations and Maximum Retail Value
 (ribbons/trophies/t-shirts/practice uniform/waiver of entry fee/travel expenses, etc.) to:

| | |
|---|----------------------|
| Individual student athlete participants: | <input type="text"/> |
| Teams: | <input type="text"/> |
| Coaches: | <input type="text"/> |

Execution constitutes an agreement by the principal to assume oversight responsibility for the event.

| | | | |
|--|----------------------|---------------|----------------------|
| Executed by: *Principal of host school: | <input type="text"/> | Phone: | <input type="text"/> |
| Signature: | _____ | Date: | <input type="text"/> |

After completing Section 1, send form to state association of host/sponsor member school identified

**If a state association, rather than a school, sponsors or co-sponsors the event, its executive director should sign here.*

IHSA Application to State Association for Sanction of Interstate Athletic Event (cont.)

SECTION 2 - Action by State Association of Host School

- School Membership:** State Association Member School
 School Approved by State Association
 Non-Member School

- Action:** Sanction Event
 Do Not Sanction Event
 No Jurisdiction

If "no jurisdiction," explain why:

Limitations, other comments:

Signature of State Executive: _____

Date:

| |
|--|
| |
| |

State:

If event is **sanctioned**, send copies to each state association named in the application. If application is **not sanctioned**, return to applicant.

SECTION 3 - Action by State Association of Invited School

- School Membership:** State Association Member School
 School Approved by State Association
 Non-Member School

- Action:** Sanction Event
 Do Not Sanction Event
 No Jurisdiction
 School is approved for competition by State Association

If "no jurisdiction," explain why:

Limitations, other comments:

Signature of State Executive: _____

Date:

| |
|--|
| |
| |

State:

Forward a copy to state host association.