



IHSA Boys Wrestling Pass Gate List

Illinois High School Association
2715 McGraw Dr., Bloomington, IL 61704
Phone: 309-663-6377
Fax: 309-663-7479

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: Regional Individual Sectional Dual Team Sectional

Your School:

The top seven (7) are allowed to have one (1) guest.

Administration

- | | | |
|-----|--|--------------|
| 1. | | Guest |
| 2. | | Guest |
| 3. | | Guest |
| 4. | | Guest |
| 5. | | Guest |
| 6. | Head Varsity Coach | Guest |
| 7. | Assistant Coach | Guest |
| | Assistant Coach | |
| | Assistant Coach | |
| | Assistant Coach | |
| 8. | Manager | |
| 9. | Scorekeeper | |
| 10. | Video/Camera Operator | |
| 11. | Bus Driver | |
| 12. | Athletic Trainer | |
| 13. | All rostered players according to the terms and conditions. | |

All other representatives from your school must pay to attend an IHSA tournament.

In case of emergency or need to communicate changes to your school:

Contact Person: _____

Cell Phone: _____

Email: _____

Contact Person: _____

Cell Phone: _____

Email: _____