



Competitive Cheerleading Sectional Pass Gate

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

Sectional Host School:

Sectional:

Your School:

Administrators are allowed to have one guest.

Administrators: Superintendent, Assistant Superintendent, Principal, Assistant Principal, Athletic Director, Assistant Athletic Director

Superintendent:

Assistant Superintendent:

Principal:

Assistant Principal:

Athletic Director:

Assistant Athletic Director:

Athletic Trainer:

Bus Driver:

All rostered players and coaches according to the terms and conditions.

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

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

Contact Person:

School Phone:

Cell Phone:

Email:

REMINDER: This form must be faxed to your sectional site manager.