

To: Principals of schools participating in the IHSA Boys' tennis sectional

2021 IHSA Boys Tennis Sectional Request for Earlier Start Time

From: Sectional manager			
		(Sectional manager's name)	
RE: Request for earlier sectiona	I tennis start time		
	ease use this form for a	nditions II. A-2, it is required for all pr uthorization. This form will replace co t earlier than 4 p.m.	
This correspondence is requesti	ng your approval for the	IHSA Boys Tennis Sectional, held at _	
	to begin or	Friday, May 20 th at	
This request is made for the follow	owing reason(s):		
Number of teams competing in the Sectional			
Number of rounds to b	e completed on Friday		
Number of rounds to b	e completed on Saturda	y	
Number of courts available for play			
Pending weather			
		(Participating school)	
	(Part		
	Approve:	ACTION Disapprove:	-
	(Participati	ng school principal's signature)	
	Please retu	rn this form to the host school:	
FAX:	(or E-Mail:	