



2019 IHSA Girls Tennis Sectional Request for Earlier Start Time

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

From: Sectional manager _____
(Sectional manager's name)

RE: Request for earlier sectional tennis start time

In accordance with the IHSA Girls Tennis Terms and Conditions II. A-2, it is required for all principals of participating schools to approve an earlier start time. Please use this form for authorization. This form will replace contacting the IHSA for an early start approval. All schools in the sectional must agree to start earlier than 4 p.m.

This correspondence is requesting your approval for the IHSA Girls Tennis Sectional, held at _____
_____ to begin on Friday, October 18th at _____

This request is made for the following reason(s):

- Number of teams competing in the Sectional _____
- Number of rounds to be completed on Friday _____
- Number of rounds to be completed on Saturday _____
- Number of courts available for play _____
- Pending weather _____

(Participating school)

(Participating school principal)

ACTION

Approve: _____ Disapprove: _____

(Participating school principal's signature)

Please return this form to the host school:

FAX: _____ or E-Mail: _____