

MSHSAA DISTRICT/SECTIONAL TRACK AND FIELD PASSLIST

NOTE:

**Passlists must be faxed to the district/sectional manager
5 days (Monday) prior to the meet.**

SCHOOL NAME: _____

Boys Team

Girls Team

COMPETITORS: The participating athletes do not need to be entered on this form since they have been entered on the entry website (<http://www.trxctiming.com>). They will be permitted into the facility if in school uniform.

HEAD COACH:

Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

TEAM PERSONNEL and ADMINISTRATORS:

	Name	Title	POSITION			
			Assist. Coach	Manager/Trainer	Bus Driver	Admin./Supervisor
SAMPLE	<i>Donna Sheridan</i>	<i>Principal</i>				X
Pass 1						
Pass 2						
Pass 3						
Pass 4						
Pass 5						
Pass 6						
Pass 7						
Pass 8						
Pass 9						
Pass 10						

I certify that the students entered into the district/sectional meet are eligible according to the standards of the MSHSAA Constitution and By-Laws to represent this school in the MSHSAA Track and Field Championships. In addition, the team personnel and administrators listed are **bonafide school representatives**.

Signed: _____ Date: _____

(Principal or Superintendent)