

MSHSAA SECTIONAL TRACK AND FIELD
PASS LIST

NOTE:
Pass lists must be scanned and emailed to the sectional manager
by Thursday.

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 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 all coaches listed on this pass list are approved via the MSHSAA website and all other individuals are in the employ or under contract of the above listed school.

Signed: _____ Date: _____
(Principal or Superintendent)