

**MSHSAA DISTRICT/SECTIONAL TRACK AND FIELD**  
**PASS LIST**

**NOTE:**

**Pass lists 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
<b>SAMPLE</b>	<i>Donna Sheridan</i>	<i>Principal</i>				X
<b>Pass 1</b>						
<b>Pass 2</b>						
<b>Pass 3</b>						
<b>Pass 4</b>						
<b>Pass 5</b>						
<b>Pass 6</b>						
<b>Pass 7</b>						
<b>Pass 8</b>						
<b>Pass 9</b>						
<b>Pass 10</b>						

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 **bona fide school representatives**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Principal or Superintendent)