



### State Tournament Site Participant Information

**RETURN IMMEDIATELY  
MUST BE RETURNED BY 4:00 P.M. MONDAY**

School: \_\_\_\_\_

The person responsible for this team will be-

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Staying at \_\_\_\_\_ Home \_\_\_\_\_ Hotel- Name of Hotel \_\_\_\_\_

Submitted by \_\_\_\_\_ signature \_\_\_\_\_

Date \_\_\_\_\_