



State Tournament Site Participant Information

_____ *Boys State*

_____ *Girls State*

(check one above)

RETURN IMMEDIATELY TO THE FAX NUMBER PROVIDED

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 _____

Will be seated (check one) _____ With student section _____ In section _____

The person responsible for any fan misconduct will be-

Name: _____

Position: _____

Submitted by _____ signature _____

Date _____