



State Football Finals Participating Team Pass Information

KHSAA Form FB124
Rev. 11/07

**RETURN IMMEDIATELY
MUST BE RETURNED BY 12:00 P.M. TUESDAY**

School: _____
 AD / Designated Contact: _____
 Phone Number: _____ Fax Number: _____
 Cell Number: _____ Email: _____
 Staying at _____ Home _____ Hotel- Name of Hotel _____
 Will be seated (check one) _____ With student section _____ In section _____
 Number of Players in Game Uniform (from online roster): _____

Additional Participant Passes For Persons Not in Game Uniform (35 Maximum, ALL others need tickets):

1 _____	19 _____
2 _____	20 _____
3 _____	21 _____
4 _____	22 _____
5 _____	23 _____
6 _____	24 _____
7 _____	25 _____
8 _____	26 _____
9 _____	27 _____
10 _____	28 _____
11 _____	29 _____
12 _____	30 _____
13 _____	31 _____
14 _____	32 _____
15 _____	33 _____
16 _____	34 _____
17 _____	35 _____
18 _____	

**Participant Passes For Persons in Coaching Box
(4 Maximum)**

1 _____
 2 _____
 3 _____
 4 _____

**Participant Passes For Persons On Video Deck
(2 Maximum)**

1 _____
 2 _____

**Participant Passes For Field Level Administrators
(2 Maximum)**

1 _____
 2 _____

Submitted by _____

signature _____

Date _____