

	<b>Regional _____ Tournament Host Site Information</b>			KHSAA Form VB103 Rev5/118
	<b>Region Number</b>			<b>GIRLS</b>

**PLEASE RETURN TO THE KHSAA IMMEDIATELY**  
**FAX: (859)293-5999**  
**ATTENTION: MARSHA DAY, ADMINISTRATIVE ASSISTANT**  
**TO BUTCH COPE, ASSISTANT COMMISSIONER**

	My school has accepted the designation as host of the tournament mentioned above for the _____ tournament.
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The Manager will be:

School Name	
Manager's Name	
Position:	
Shipping Address:	
City/State/Zip:	
Phone: (Work)	
Phone: (Home)	
Phone (Cell)	
Fax:	
E-mail Address:	
Play Site and Date:	
Play Site Phone:	
	The information on file is not correct. The host school should be:

EACH MANAGER is responsible for faxing the tournament bracket to the KHSAA at (859) 293-5999 (immediately upon availability).

IN ADDITION, the manager is responsible for calling the KHSAA Scoreboard at 1-800-453-6882, with the score of EACH game IMMEDIATELY upon conclusion of EACH CONTEST.

Managers failing to submit schedules/results may be fined \$100 (KHSAA Bylaw 33).

Submitted by

	Representing:
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Date:
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