



STATE VOLLEYBALL TOURNAMENT PARTICIPATING TEAM PASS LIST

SCHOOL: _____
(Please type or print)

	Name	Purpose (Player/Coach/Staff)	Jersey # (If applicable)
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Submitted by: _____

Above listed is the official team party that will be traveling and participating in the KHSAA State Volleyball Tournament. Participating teams are permitted a maximum of 25 individuals to be admitted as part of the team party. Team party should enter through the player pass gate to get hand stamped for each session. Please include in your party, as space allows, any administrators that may attend. Anyone not listed on the pass list will be directed to a ticket window.