

SCHOOL: _____ Email: _____

LOCATION: _____

MAILING ADDRESS: _____

TELEPHONE: _____ FAX: _____

ADMINISTRATIVE REPRESENTATIVE TO THE LEAGUE: _____

ATHLETIC DIRECTOR: _____ Tels.: _____

Sport: _____ **Coach's Name:** _____ **Telephone(s):** _____

Volleyball- Boys:
Jr Varsity:
Varsity:

Girls:
Jr. Varsity:
Varsity:

Cross Country- Boys:
Jr. Varsity:
Varsity:

Girls:
Jr. Varsity:
Varsity:

Soccer- Jr. Varsity:
Varsity:

Basketball – Boys:
Jr. Varsity:
Varsity:
Girls:
Jr. Varsity:
Varsity:

Track & Field – Boys:
Jr. Varsity:
Varsity:

-Girls Varsity:
Jr.Varsity:

Baseball:

Softball:

Swimming- Boys Varsity:
-Girls Varsity:
-Freshmen:

Golf:

7th & 8th Grades:

- Volleyball:
- Cross Country:
- Basketball:

Tennis: - Boys:
- Girls:

Indoor Soccer:

Bowling:

Person to contact concerning a particular athletic event or contest:

_____ – **Athletic Director** Phn. # _____