

GEORGIA HIGH SCHOOL ASSOCIATION
P.O. Box 271
Thomaston, Georgia 30286
706-647-7473 Fax: 706-647-2638

STATE LACROSSE TOURNAMENT - Official Team Travel Form
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SCHOOL: _____ MASCOT: _____

SITE: _____ CLASSIFICATION: _____

Each team is allowed (20) names, consisting of players, managers, trainers, statisticians, etc. Teams wishing to provide entry in excess of (20) names are required to list the names of those individuals on the "Excess Team Entry Form" (available at the site) and the school will be billed for their admission.

	NAME	FUNCTION (player, manager, etc).	INITIAL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

COACH: _____ DATE: _____

SIGNATURE: _____

Note: This form is to be turned in at the "Team Entry Gate" upon arrival at the tournament site.