

There is a \$100 late fee
Coaches Official Entry Form Year 20

State: _____

State: _____

State Liaison: _____

E-mail: _____ **neatly please**

Cell number in case of questions about entries: _____

List ALL Coaches Associated with this Team

• **Coach's Name:** _____ Must be a member of NHSGA!

Address: _____ City: _____ Zip: _____

Phone: (____) _____ E-mail: _____ **legible please**

High School Affiliation: _____

Shirt Size: _____ **If no size is indicated an adult large will be ordered for you.**

• **Coach's Name:** _____ Must be a member of NHSGA!

Address: _____ City: _____ Zip: _____

Phone: (____) _____ E-mail: _____ **legible please**

High School Affiliation: _____

Shirt Size: _____ **If no size is indicated an adult large will be ordered for you.**

• **Coach's Name:** _____ Must be a member of NHSGA!

Address: _____ City: _____ Zip: _____

Phone: (____) _____ E-mail: _____ **legible please**

High School Affiliation: _____

Shirt Size: _____ **If no size is indicated an adult large will be ordered for you.**

• **Coach's Name:** _____ Must be a member of NHSGA!

Address: _____ City: _____ Zip: _____

Phone: (____) _____ E-mail: _____ **legible please**

High School Affiliation: _____

Shirt Size: _____ **If no size is indicated an adult large will be ordered for you.**

• **Coach's Name:** _____ Must be a member of NHSGA!

Address: _____ City: _____ Zip: _____

Phone: (____) _____ E-mail: _____ **legible please**

High School Affiliation: _____

Shirt Size: _____ **If no size is indicated an adult large will be ordered for you.**

• **Coach's Name:** _____ Must be a member of NHSGA!
Address: _____ City _____ Zip: _____
Phone: (____) _____ E-mail: _____ **legible please**
High School Affiliation: _____
Shirt Size: _____ **If no size is indicated an adult large will be ordered for you.**

• **Coach's Name:** _____ Must be a member of NHSGA!
Address: _____ City _____ Zip: _____
Phone: (____) _____ E-mail: _____ **legible please**
High School Affiliation: _____
Shirt Size: _____ **If no size is indicated an adult large will be ordered for you.**

• **Coach's Name:** _____ Must be a member of NHSGA!
Address: _____ City _____ Zip: _____
Phone: (____) _____ E-mail: _____ **legible please**
High School Affiliation: _____
Shirt Size: _____ **If no size is indicated an adult large will be ordered for you.**

Make more copies if needed but please list ALL the information for all on floor coaches.

PLEASE MAKE SURE ALL OF YOUR COACHES HAVE THEIR PICTURES/FEES/ETC IN ON TIME

12/30/2023

Page _____ of _____