

Club Sport Games & Showcase Tournament Participation Form

Note: Applications are to be initiated by the student no later than 7 DAYS PRIOR to the DATE of Competition.

Section 1-	
Name:	Grade: Date:
	g event(s):
held at (facility, City, State, Zip):	,
	any:
Number of teams/participates completing	;
Section2-	
I recommend that this event be SANCTIO	ONED: NOT SANCTIONED:
Signature of Athletics Director:	Date:
Section3-	
Activity Days: Sunday: Monday: _	Tuesday:
Wednesday: Thursday: _	Friday:
Saturday:	
Parent/Guardian Signature:	Date: