

School Name _____

Coach's Name: _____

E-Mail Address: _____

School Address: _____

City, State, Zip _____

Ph. (C) _____

[illegible]

Note: There is a \$50.00 Late Registration Fee PER TEAM (MEN AND WOMEN) or individual. The check should be made payable to the NCHSAA and must be in the NCHSAA office no later than the day before the Regional.