

School Name \_\_\_\_\_

Coach's Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Ph. (C) \_\_\_\_\_

[illegible]

**Note: This form must be received by the NCHSAA no later than 3:00pm on Monday, Oct. 26, 2015. 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 (Friday, Oct. 30th).**