

School Name _____

Coach's Name: _____

E-Mail Address: _____

School Address: _____

City, State, Zip _____

Ph. (C) _____

[illegible][illegible]

Note: This form must be received by the NCHSAA no later than 3:00pm on Monday, Oct. 24, 2016. There is a \$50.00 Late Registration Fee per individual entry. 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. 29).