

School Name _____ Ph. (W) _____
Coach's Name: _____ Ph. (C) _____
E-Mail Address: _____
School Address: _____
City, State, Zip _____

[illegible][illegible]

Note: This form must be received by the NCHSAA no later than 3:00pm on Monday, Oct. 22, 2018
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. 26).