

# CCS BADMINTON OFFICIAL ENTRY FORM

(required from all Leagues for all participants)

California Interscholastic Federation  
**Central Coast Section**

Governance of H.S. Athletic Programs  
from San Francisco to King City

**LEAGUE:** \_\_\_\_\_

*All those wishing to enter Badminton players from Leagues to the CCS Badminton Championships, **SHALL** complete all portions of the form below and submit it to the CCS Office prior to the beginning of the CCS Badminton Seeding Meeting on **May 25, 2009**. If this form is not submitted by the deadline or is incomplete, the athletes from that League will not be allowed to participate in the CCS Play-offs.*

## 1. League Representative (\*signature required)

By my signature below, I attest that the information provided on this form about our League Badminton athletes is accurate to the best of my knowledge. I further understand that if it is discovered that anyone associated with a school knowingly provided false information herein, that serious, negative consequences will affect that school's athletic program and their participation in the CCS Play-offs, per CIF and CCS Fraud Bylaws.

\*League Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

e-mail: \_\_\_\_\_

## 2 LEAGUE ENTRIES -- type or print neatly first and last names for all entrants PLEASE!

### GIRLS SINGLES

1. Name: \_\_\_\_\_ School: \_\_\_\_\_

2. Name: \_\_\_\_\_ School: \_\_\_\_\_

### BOYS SINGLES

1. Name: \_\_\_\_\_ School: \_\_\_\_\_

2. Name: \_\_\_\_\_ School: \_\_\_\_\_

### MIXED DOUBLES

1. \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_

### GIRLS DOUBLES

1. \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_

### BOYS DOUBLES

1. \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_