

**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: _____

1. League Representative (*signature required)

By my typed 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: _____

I understand the terms above and verify that my name is accurate: _____ must click "yes" before proceeding

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: _____