

CCS PASS GATE LIST FORM

(for schools participating in CCS Play-offs)

Bring to contest with you

California Interscholastic Federation
Central Coast Section

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

SCHOOL NAME

PRINCIPAL & ATHLETIC DIRECTOR:

- This form is to be used for six (6) complimentary admissions ONLY for supervisory personnel who will be attending this CCS Play-off event to supervise your spectators (may also include the head coach's immediate family)
- **DO NOT** use this form for Basketball or Football. (*Use the Basketball/Football Pass Gate List*).
- Principals must sign this form for each CCS Play-off event in which your school participates.
- Two (2) copies of this form should be delivered to the game site in a timely manner, so that school personnel listed on this form may be admitted free of charge.
- One (1) name only (e.g. not Mr. & Mrs.) allowed on each line below. If additional names are added, the first six (6) to check in will be admitted free — any additional persons will be asked to purchase a ticket.
- Schools are expected to monitor and control their spectators' behavior at all CCS Play-off contests per CCS Board of Managers policy.
- Please make sure that you have sufficient supervisory personnel at each contest in order to insure a safe, fair and positive competition experience for all CCS student-athletes and fans.
- At least one (1) Administrator or supervisory person on this list should introduce themselves to the Site Director prior to the beginning of the contest and notify the Site Director where they will be located throughout the contest, in case they are needed.

(please check one)	<input type="checkbox"/> FIELD HOCKEY	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> VOLLEYBALL
<input type="checkbox"/> BASEBALL	<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> SWIMMING/DIVING	<input type="checkbox"/> WATER POLO
<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> SOCCER	<input type="checkbox"/> TRACK & FIELD	<input type="checkbox"/> WRESTLING

(Do not use for Basketball or Football — use Basketball/Football Pass-Gate list please)

Date of Contest

Site:

1.

4.

2.

5.

3.

6.

Please admit the six (6) individuals listed above, to assist with the supervision of our school's spectators for this event.

Principal's Signature

Date:

PHOTOCOPY OR PRINT THIS FORM FOR EACH CONTEST
AND GET IT TO THE SITE EARLY! (Do not fax, send or e-mail this to the CCS Office)

THANKS FOR YOUR COOPERATION AND ASSISTANCE IN THIS IMPORTANT ASPECT OF
 CCS CHAMPIONSHIPS!