

KSHSAA Registration Request

2017 KSHSAA Game Day Spirit Showcase Competition

Official School Name *

City *

KSHSAA classification (1A–6A, based on 2016–2017 Classifications) *You are responsible for selecting the correct classification on your Registration Request. *

Name of Person Submitting Form *

First Last

Role of Person Submitting Form *

Person Submitting Form's Email (For email confirmation of your registration request) *

Coach's Name *

First Last

Coach's Phone Number *

 - -

####

Coach's Email *

Principal's Name *

First Last

Principal's Phone Number *

 - -

####

Principal's Email *

Athletic Director's Name *

First Last

Athletic Director's Phone Number *

 - -

####

Athletic Director's Email *

Submission of this form serves as a request for registration. Requests will be processed and approved in on the order of which they are received.