

Volleyball Tournament Supervision

All schools that qualify for the state tournament are required to have on-site supervision during each of their matches. Please indicate the school administrator(s) who will be responsible for your student body during the volleyball tournament.

The SDHSAA thanks you for your cooperation.

School: _____

Thursday

_____	_____	_____
Name	Position	Cell Phone
_____	_____	_____
Name	Position	Cell Phone

Friday

_____	_____	_____
Name	Position	Cell Phone
_____	_____	_____
Name	Position	Cell Phone

Saturday

_____	_____	_____
Name	Position	Cell Phone
_____	_____	_____
Name	Position	Cell Phone

This form must be faxed to the SDHSAA office by 12:00 noon, Monday, November 16.

FAX: 605-224-9262

Please print clearly and use dark ink.

Faxed forms are difficult to read.