



NO.	PLAYER NAME	POSITION(S)	HT.	WT.	CLASS

STATISTICIAN:
MANAGER(S):

**SIDELINE PASS FORM**

*Only personnel connected with the team shall be allowed admittance to the playing field.*

*This form must be emailed to:  
Fallon Buckner (fbuckner@lhsaa.org) by Friday, February 16, 2018.*

SCHOOL:
HEAD COACH:
ASST. COACH(ES):
TRAINER:
MANAGER(S):
STATISTICIAN:
SCOREKEEPER:

If other passes are needed, list the person's name and their responsibility:

NAME	RESPONSIBILITY

Contact Information:

Head Coach - E-mail Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Athletic Director - E-mail Address: \_\_\_\_\_ Cell: \_\_\_\_\_

I certify that the above mentioned persons are part of our school's soccer program and perform the duties mentioned.

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_