
HOST ORGANIZATION KEY CONTACTS

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION STATE CHAMPIONSHIPS

EVENT: _____

PROPOSAL PREPARER (PRIMARY)

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Cell: _____

HOST ORGANIZATION EXECUTIVE OR HEAD ADMINISTRATOR

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Cell: _____

FACILITY LIAISON (VENUE REPRESENTATIVE)

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Cell: _____

MEDIA COORDINATOR

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Cell: _____

MARKETING COORDINATOR

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Cell: _____