

FAX TRANSMITTAL

**FAX TO TRA WATERS AT THE NCHSAA OFFICE BY
MONDAY, FEBRUARY 13th, 2017, 10:00 AM
FAX# (919) 240-7398**

SCHOOL NAME _____ CLASSIFICATION _____

WRISTBANDS WILL BE GIVEN BASED ON THE NUMBER OF QUALIFIERS:

1-3 = 2 WRISTBANDS

4-7 = 3 WRISTBANDS

8 OR MORE = 4 WRISTBANDS

PLEASE PRIORITIZE THE COACHES WHO WOULD BE ELIGIBLE FOR ADMISSION:

COACH'S NAME _____ POSITION _____

COACH'S NAME _____ POSITION _____

COACH'S NAME _____ POSITION _____

COACH'S NAME _____ POSITION _____

PRINCIPAL'S NAME _____ PRINCIPAL'S SIGNATURE _____ DATE _____