



**2023
NCHSAA State Volleyball
Team Credential Verification Form**

This form must be returned to the NCHSAA before 10:00 A.M. on Wednesday, November 1, 2023

Email to rhonda@nchsaa.org

SCHOOL: _____

CLASSIFICATION _____ (A, AA, AAA, AAAA)

| PASS | POSITION | NAME |
|------------|-----------------|------|
| TEAM BENCH | HEAD COACH | |
| TEAM BENCH | ASSISTANT COACH | |
| TEAM BENCH | ASSISTANT COACH | |
| TEAM BENCH | ASSISTANT COACH | |
| TEAM BENCH | ASSISTANT COACH | |
| TEAM BENCH | TRAINER | |
| TEAM BENCH | MANAGER/STAT | |
| TEAM BENCH | MANAGER/STAT | |
| TEAM BENCH | MANAGER/STAT | |
| TEAM BENCH | MANAGER/STAT | |