

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION  
BASKETBALL TOURNAMENT

This list to take place of Security Staff tickets and be presented to Site Manager.  
ONLY THE NAMES APPEARING ON THIS LIST WILL BE ADMITTED TO THE GAME  
THERE SHALL BE NO EXCEPTIONS TO THIS RULE!

Schools not in compliance with the minimum security staff members for their scheduled game will have this action of non-compliance subject to review by the Executive Committee.  
COMPLETE ONLY FOR APPROPRIATE LEVEL OF COMPETITION - PLEASE TYPE/PRINT LAST NAME FIRST

PRELIMINARY AND SECTIONAL SEMIFINALS

Administrator or his/her designee: \_\_\_\_\_

Athletic Director or his/her designee: \_\_\_\_\_

SECTIONAL FINALS

Administrator or his/her designee: \_\_\_\_\_

Athletic Director or his/her designee: \_\_\_\_\_

Other School Personnel (determined by School Administration):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

STATE SEMIFINALS

Administrator or his/her designee: \_\_\_\_\_

Athletic Director or his/her designee: \_\_\_\_\_

Other School Personnel (determined by School Administration):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

STATE FINALS AND TOURNAMENT OF CHAMPIONS (Quarterfinal & Semifinal Rounds)

Administrator or his/her designee: \_\_\_\_\_

Athletic Director or his/her designee: \_\_\_\_\_

Other School Personnel (determined by School Administration):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_

WINNING SCHOOL - PICK UP LIST FROM THE SITE MANAGER

IMMEDIATELY FOLLOWING THE GAME  
THANK YOU FOR YOUR COOPERATION

**New Jersey State Interscholastic Athletic Association**  
Route 130, P.O. Box 487                      Robbinsville, New Jersey 08691

BASKETBALL SCHOOL PERSONNEL FORM

This school personnel form **MUST** be presented to the Site Manager with the Contestants List to serve as a checklist for complimentary admission for competing schools that advance up to and including the Tournament of Champions Semifinals games.

Upon presentation of proper identification (i.e. drivers' license) only one (1) complimentary admission will be given to each position listed below.

Winning School - Pick up list from Site Manager immediately following game.

High School \_\_\_\_\_

City \_\_\_\_\_ Section \_\_\_\_\_ Group \_\_\_\_\_

PLEASE TYPE NAMES

Superintendent \_\_\_\_\_

Asst. Superintendent \_\_\_\_\_

Principal \_\_\_\_\_

Asst. Principal \_\_\_\_\_

Athletic Director \_\_\_\_\_ **DO NOT LIST (NAME SUBMITTED ON CONTESTANTS LIST)**

Board of Education Members (9)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Thank you for your cooperation.

PLEASE NOTE:                      **BE ADVISED NO OTHER PASSES ARE AVAILABLE.  
COMPLIMENTARY ADMISSION - ONLY THROUGH THIS FORM.**