

New Jersey State Interscholastic Athletic Association

BASKETBALL TOURNAMENT

CONTESTANTS FORM

THIS LIST IS TO TAKE THE PLACE OF CONTESTANT TICKETS AND IS TO BE PRESENTED TO THE TICKET TAKER

*ONLY THE NAMES APPEARING ON THIS LIST WILL BE ADMITTED TO THE GAME
THERE SHALL BE NO EXCEPTIONS TO THIS RULE!*

School _____ Group _____

PLAYERS

	NAME OF PLAYERS (Print) (IN UNIFORM)	Check #1	Check #2	Check #3	Check #4	Check #5
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

NON-PLAYERS

	MANAGERS (Print)	Check #1	Check #2	Check #3	Check #4	Check #5
1						
2						
3						
4						
	COACHES (Print)					
1						
2						
3						
4						
	CHEERLEADER ADVISOR (Print)					
1						
2						
	ATHLETIC TRAINER (Print)					
1						

Please Type or Print Last Name First

Schools remaining in the tournament will be granted one (1) Scouting Admission provided the coach contacts the Site Manager prior to the game.

**WINNING SCHOOL – PICK UP LIST FROM THE SITE MANAGER
IMMEDIATELY FOLLOWING THE GAME**

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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 the Site Manager immediately following game.

High School _____

City _____ Section _____ Group _____

PLEASE TYPE NAMES

Superintendent _____

Asst. Superintendent _____

Principal _____

Asst. Principal _____

Board of Education Members (9)

Thank you for your cooperation.

PLEASE NOTE:

BE ADVISED NO OTHER PASSES ARE AVAILABLE.
COMPLIMENTARY ADMISSION - ONLY THROUGH THIS FORM.

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

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SECURITY FORM

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

School _____ **Group** _____

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**