REGION 1/ASAA - INTENT TO PARTICIPATE FORM

Event Name							
Event Location							
Event Date(s)							
School Name			Arrival I	Date/Time			
Mascot Name				Date/Time			
Number of Students			Tean	n GPA*			
Number of Adults				esignee**			
*Also bring GPA form			I	<u> </u>			
**If multiple coach/a	dmin please sele	ect one to be s	ite/district o	official design	ee.		
Special Needs/Requests (Dietary, medical,		TEAM	OOCTED				
NAN	ROSTER	Grade	Weight	Light #	Dark #		
INAI	<u>TE</u>		<u>Gender</u>	<u>ui aue</u>	Class*	Light #	Dai K #
Note: Add additiona	l page if neede		*For Wrest AFF	ling events o	only		
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	Other						\dashv
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