West Central District III

OF WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

PASS LIST FORM
SIGN-IN*

School_____ Event_____Date of event_____

(Print) (Sign-in Signature)

Superintendent_____ _____

School Board_____ _____

School Board_____ _____

School Board_____ _____

School Board_____ _____

School Board_____ _____

Principal _____ _____

Assist. Principal (or faculty designee)_____ _____

Assist. Principal (or faculty designee)_____ _____

Event Supervisor

Athletic Director_____ _____

Activity Director_____ _____

Cheer/ Dance/Drill Advisor_____ _____

Doctor _____ _____

Trainer _____ _____

School Press (1)_____ _____

School Photographer (1)_____ _____

Video Operator (1)_____ _____

***Picture Identification and sign-in required before admittance.**

Send this Form at least four (4) days prior to the event to the Event Manager.