



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.
