



NYSPHSAA Championship School Gate List

*This list is for **TEAM SPORTS** during the **State Semifinals & Finals ONLY**.
For information regarding Regional events, contact the **HOST Section**.*

School: _____

Championship Event: _____

Championship Date: _____

Championship Site: _____

Please write down the number of players and bench personnel your school will be bringing to the Championship event. Please note that each sport has a maximum number of players and team personnel allotted for each school. These individuals will receive credentials to gain access to the facility. If your school chooses to list more than the maximum number allowed, NYSPHSAA will bill the school for the difference. Please keep in mind, credentials and awards will be provided **only** for the maximum number allowed.

of Student-Athletes: _____ # of Team Personnel: _____

This list below is designated for school administration and appropriate school personnel. The list is limited to a maximum of 8 individuals and is **exclusive** of the participating student-athletes and team personnel. This list **ONLY** provides entrance into the facility. It **DOES NOT** provide field/floor access. If your school wishes to have more than 8, NYSPHSAA will bill the school for the additional individuals. **Team photographers and videographers should contact Kristen Jadin (kjadin@nysphsaa.org) for a media credential PRIOR TO THE EVENT. They do NOT need to be listed below. This list should be faxed to the NYSPHSAA office (518-690-0775) or sent via email to Kristen Jadin at kjadin@nysphsaa.org two days prior** to the championship event. Please type or print names and titles below.

For admission staff only:

<u>Name</u>	<u>Title</u>		Day 1	Day 2	Day 3
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

NYSPHSAA Staff Approval: _____
(signature)

Date: _____