



# 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) \_\_\_\_\_

\_\_\_\_\_

Athletic Director \_\_\_\_\_

\_\_\_\_\_

Activity Director \_\_\_\_\_

\_\_\_\_\_

Doctor \_\_\_\_\_

\_\_\_\_\_

Trainer \_\_\_\_\_

\_\_\_\_\_

School Press (1) \_\_\_\_\_

\_\_\_\_\_

School Photographer (1) \_\_\_\_\_

\_\_\_\_\_

Video Operator (1) \_\_\_\_\_

\_\_\_\_\_

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

Send this Form prior to the event to Event Manager \_\_\_\_\_ at

**E-mail** \_\_\_\_\_ **or Fax** \_\_\_\_\_