



OLYMPIC LEAGUE PASS LIST

PASS LIST FORM

Event _____ Date of Event _____

Home School _____	Visiting School _____
Superintendent _____	Superintendent _____
School Board _____	Principal _____
School Board _____	Assist. Principal _____
School Board _____	Assist. Principal _____
School Board _____	Athletic Director _____
School Board _____	Doctor _____
Principal _____	Athletic Trainer _____
Assist. Principal _____	Cheer Advisor _____
Assist. Principal _____	Cheer Advisor _____
Athletic Director _____	Bus Driver _____
Supervisor _____	Supervisor _____
Supervisor _____	Supervisor _____
Security _____	Supervisor _____
Security _____	District AD: _____
Doctor _____	
Trainer _____	
Cheer Advisor _____	
School Press _____	3rd Party School _____
Game Worker _____	Scout _____
Game Worker _____	Scout _____
Game Worker _____	
Media _____	
Media _____	
District AD: _____	

***Picture Identification may be required for admittance.**

All persons admitted on this pass list will be held accountable for satisfactorily performing their assigned duties.

Send this Pass List Form and Team Roster by _____ to the following Event Manager: _____

E-mail: _____ or fax # _____