



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION
 4080 Roselea Place ~ Columbus, OH 43214
 (614) 267-2502 ~ (614) 267-1677 (fax)
 www.ohsaa.org

SWIMMING & DIVING - STATE TOURNAMENT EXPENSE FORM

Expenses for each participant and a coach will be paid by the OHSAA according to the schedule as published on the OHSAA website. Please complete expense blank and submit as instructed to obtain admittance passes.

School: _____ School Code: _____

Address: _____ Boys _____ Girls _____
(street) (Check One)

_____ (city) _____ (zip code) _____ (county)

Coach's Signature: _____

NAMES OF PARTICIPANTS

EVENT

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____

TOURNAMENT MANAGER: Please verify the participants listed and send to the OHSAA. Expenses will be paid directly to the schools.

FOR OHSAA USE ONLY

Number of Participants _____ at _____

TOTAL _____