



## 2019 Country Financial Three-Point Regional School Participant Entry Form

Competing School: \_\_\_\_\_

	First Name	Last Name	Year	Uniform #
1.				
2.				
3.				
4.				

Athletic Director Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Coach Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Must be completed by AD or Head Coach and faxed to the host manager 24 hours prior to competition!**  
**Substitution of participating athletes may occur 24 hours prior to competition.**  
**Individuals advancing to the Sectional competition will be listed on the IHSA ScoreZone.**