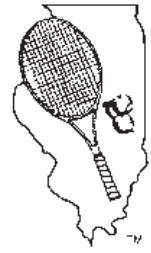


2016-17 IHSA Boys Tennis - Early Request Tennis Sectional



To: The principals of schools participating in the IHSA Boys Tennis Sectionals

From: The Sectional Manager

This correspondence is requesting your approval for the IHSA Boys Tennis Sectional, held at _____

High School to begin on Friday, May 19, 2017 at _____ a.m.

This request is made for the following reasons:

_____ Number of teams competing in the Sectional

_____ Number of rounds to be completed on Friday

_____ Number of rounds to be completed on Saturday

_____ Number of courts available for play

_____ Pending weather

Please be advised that a round of tennis requires anywhere from one to three hours. In accordance with the IHSA Boys Tennis Terms and Conditions, it is necessary for all the principals of the participating schools to approve such a request in writing. Thank you for your consideration.

_____ (Sectional Manager)

_____ (Participating School)

_____ (Participating School Principal)

Principals, please return this form to the host school

Fax: _____

ACTION

Approve: _____ Disapprove: _____

(Participating School Principal's Signature)

Note: Sectional managers who wish to begin play on Friday, before 4:00 p.m. must have written approval from all participating school principals. Please use this form for authorization. This form will replace contacting the IHSA for an early start approval.