

(year) **FOOTBALL SCHEDULES**
OUT-OF-STATE SCHOOLS

**Please list your out-of-state opponent's complete schedule on this form.
Make copies of this form if you play more than one out-of-state team.**

SCHOOL NAME: _____

SCHOOL NUMBER: _____ (WVSSAC USE ONLY)

ENROLLMENT: _____ (Place the total enrollment of the upper three grades 9-10-11 of boys and girls as of October 1. Do this for your opponents as well.)

WEEK	DAY	MO	DATE	H/A	N/D	NUMBER WVSSAC USE ONLY	OPPONENT'S NAME	ENROLLMENT	SCORES WVSSAC USE ONLY	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										