

Request for Alternate Form

If a team qualifies less than 7 athletes, this request form must be completed and faxed to the WVSSAC office no later than Monday following the Regional Tournament.

School: _____

Boy: _____ Girl: _____

1. _____ Relay

2. _____ Relay

List of all qualifiers for your school:

1. _____ Number of Events: _____

2. _____ Number of Events: _____

3. _____ Number of Events: _____

4. _____ Number of Events: _____

5. _____ Number of Events: _____

6. _____ Number of Events: _____

Name of alternate for relay: _____

Signature: (coach) _____ Date: _____

This request form must be faxed to 304-428-5431 no later than Monday following the Regional Tournament.