

State Meet Chaperone

Application Form

Name: _____

Address: _____

Phone: (____) ____-____ Work: (____) ____-____

Number of years coaching: _____ Present school: _____

Coaching Level: Varsity J.V. Youth.....Head Coach Assistant Coach Volunteer

Have you attended the state meet before? Yes No In what capacity: Coach Spectator

Do you expect to have an athlete at the state meet this year? Yes No

If selected would you have any problems being assigned 10-12 athletes that you would be responsible for getting to meals, bed checks, and waking up the next morning? _____

If Selected you/your school will be expected to reimburse Section V for room/meals/transportation. You will be expected to room and travel with the Section V team. If selected you will be expected to fulfill your obligation to chaperone even if you do not have an athlete attending the state meet. **If you do not your school will still be financially responsible for cost of housing, meals and transportation.**

Which Group do you wish to chaperone? Boys Meet A B

Girls Meet A B

Coaches Signature: _____

Principals Signature: _____

Please look over the information on the back of this form. If still interested in applying send completed application by **May 1** to:

Mr. Kevin Rosko
Sect. V Boys Track Chairman
Campbell-Savona Cent. School
Campbell, N.Y. 14821

or

Mr. Lance Bush
Sect. V Girls Track Chairman
3 Ogee Trail Ln.
Brockport, N.Y. 14420

**NO APPLICATION WILL BE ACCEPTED
WITHOUT THE PRINCIPALS SIGNATURE.**