



Section VII Regional  
Championship  
School Gate List

School: \_\_\_\_\_ Date: \_\_\_\_\_

Championship Event: \_\_\_\_\_ Site: \_\_\_\_\_

Please indicate the number of players and bench personnel your school will be bringing to the Championship event. Please note that each sport has a maximum number of players and bench personnel allotted for each school.

**# of Players:** \_\_\_\_\_ **# of Bench Personnel:** \_\_\_\_\_

NOTE: This list below is designed for school administration and appropriate school personnel. The list is limited to a maximum of 8 individuals and is exclusive of the team players and bench personnel. Please email or fax this sheet to walentuk\_matt@cves.org, (518) 561-0240 or to the Section VII office 24 hours in advance of your arrival. Please type or print names and titles

	NAME	TITLE
1		
2		
3		
4		
5		
6		
7		
8		

Athletic Director or Principal: \_\_\_\_\_ Date: \_\_\_\_\_

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Section VII Staff Approval: \_\_\_\_\_ Date: \_\_\_\_\_