

CENTRAL COAST SECTION
SWIMMING AND DIVING
DECK PASS FORM

|  |  |
| --- | --- |
| **SCHOOL NAME** |  |
| **LEAGUE:** |  |

**ATHLETIC DIRECTOR CONTACT INFORMATION:**

|  |  |
| --- | --- |
| NAME: |  |
| EMAIL: |  |
| CELL PHONE: |  |

**PRINCIPAL CONTACT INFORMATION**

|  |  |
| --- | --- |
| NAME: |  |
| EMAIL: |  |

 **Principal and Athletic Director:**
This form is to be used for listing your swimming and diving coaches so that proper Deck Pass can be issued.
**Number of deck passes to be issued:**
1-4 swimmers in individual events plus relays=1 deck pass
5-9 swimmers in individual events plus relays=2 deck passes
10 or more swimmers in individual events plus relays=3 deck passes

|  |  |  |
| --- | --- | --- |
| Boys Team Coaches Names |  | Cell phone number  |
|  | Head Coach |  |
|  | Assistant Coach |  |
|  | Assistant Coach |  |
|  | Diving Coach |  |
| Girls Team Coaches Names |  |  |
|  | Head Coach |  |
|  | Assistant Coach |  |
|  | Assistant Coach |  |
|  | Diving Coach |  |

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please scan & email to Duane Morgan, dmorgan@cifccs.org by May 7, 2018