



**GAME DAY
INTENT TO ENTER**

STATES

**YOU MUST SUBMIT AND UPDATED ROSTER WITH YOUR
INTENT TO ENTER (EVEN IF YOUHAVE SUBMITTED ONE
ALREADY)**

**PLEASE FORWARD A ROSTER (IN A WORD OR
EXCELDOCUMENT) TO BLEMOTE@MSAA.NET NO LATER
THAN NOON ON MONDAY PRIOR TO THE SCHEDULED STATE
TOURNAMENT DATE**

This form must be completed & returned to the MSAA office

School _____

City _____ State _____ Zip _____

Athletic Director _____ Phone _____

Game Day Coach _____ Home Phone _____

Email (Required) _____ Work (or day) Phone _____

We plan to compete at the MSAA State Tournament*: **YES** **NO**

Team with _____ active participants and _____ subs.
(enter number) (enter number)