

CHAMPIONSHIP INFORMATION

Please return the following information sheet to the NYSPHSAA office ASAP or at least 6 weeks prior to the tournament dates.

Send to: Assistant Director
NYSPHSAA
8Airport Park Blvd.
Latham, NY 12110

1. **Sport** _____

2. **Championship Program Coordinator (sport coordinator or delegate):**

Name: _____

Home Phone: _____ Work Phone: _____

Email: _____

3. **Program Delivery Information**

Site: _____

Date of Delivery: _____

Time of Delivery: _____

Contact Name & Phone Number (person accepting delivery at site):

4. **Front Cover Photo**

Have a photo we wish to be used for championship program and will be sending to Association office.

Have NO photo (one will be chosen from Association archives)

5. **Media Coordinator:**

Name: _____

Home Phone: _____ Work Phone: _____

Email: _____

Return this form at least 6 weeks prior to the tournament.