



UTAH

High School State Championship Participant Information Every school participating must fill this out.

School:							_	
Classification: 6A	5A	4A	3A	2A	1A			
Head Coach Name:								
Head Coach Email:						Ce	ell Phone:	
Assistant Coach Name	e:							
Assistant Coach Email	:					C	ell Phone:	
PLEASE make sure yo All-State Banquet. W		-	-		-		w we will send invitations to the the information.	
Player Name:								
Year in School: GPA (optional Info)								
Player Email:								
Parent Email:								
Player OR Parent Cell	Phone:_							
Player Name:								
Year in School: GPA (optional In							nfo)	
Player Email:								
Player OR Parent Cell	Phone:_							
Player Name:								
							nfo)	
Player Email:								
Parent Email:								
Player OR Parent Cell								

Player Name:		
	GPA (optional Info)	
Player Email:		
Plaver Name:		
	GPA (optional Info)	
	GPA (optional Info)	
Player OR Parent Cell Phone:		
Player Name:		
	GPA (optional Info)	
Player Email:		
Parent Email:		
Player OR Parent Cell Phone:		
Plaver Name:		
	GPA (optional Info)	
	G174 (optional lino)	
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Please turn this form into the Utah PGA staff on site at the State Championship Questions contact (801) 566-1005 or afisher@pgahq.com