

TSSAA STATE RECORD APPLICATION

Sport: _____

Category: _____

Record Applicant (List Full Name of Individual or School)

SCHOOL INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

School Phone: _____

INDIVIDUAL RECORD HOLDER INFORMATION

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Age (At Time of Performance): _____ Grade in School (At Time of Performance): _____

RECORD INFORMATION

Date of Performance: _____

Site of Performance: _____

Opponent: _____

Performance (Give Details): _____

Supporting Documentation Attached (Newspaper Article, Game Stats/Scorebook): _____ Yes

Applicant's Endorsement

I submit this application to the TSSAA State Records Book. All facts contained herein are duly certified. I realize any inaccuracies could disqualify the mark or performance from recognition. It is also understood that, although the TSSAA may approve this performance for inclusion in the TSSAA State Records, the passing of time and the continuing improvement in the sport may cause the performance to be deleted from the online edition of the State Records. Statistics and accomplishments will be recognized in all grades in which students are eligible (i.e. underclassmen "playing up" are eligible for single-season and single-game performances.). I also realize that only marks earned in grades 9-12 are considered for national recognition per National Federation guidelines. I grant the TSSAA the right to publicize this performance in any and all ways it wishes, including through print, broadcast, internet and television media. The signature appearing below should be the: (1) individual involved if an individual mark is involved; or (2) the coach involved. Signature should also be dated.

Signature: _____ Date: _____

Principal's Endorsement

I hereby certify that applicant was, at the time of performance, eligible to represent _____ High School and that the performance was conducted as prescribed by the rules of the TSSAA and National Federation. Signature should also be dated.

Signature: _____ Date: _____

Scan and E-Mail to:
Matthew Gillespie – mgillespie@tssaa.org