



2011 VOLLEYBALL DISTRICT CHAIRPERSON'S CERTIFICATION FORM

THIS FORM IS TO BE COMPLETED BY THE DISTRICT CHAIRPERSON FOR EACH DISTRICT AND SUBMITTED TO THE LHSAA OFFICE BY THE DEADLINE DATE LISTED BELOW.

PLEASE FOLLOW THE FOLLOWING INSTRUCTIONS WHEN SUBMITTING THIS FORM:

1. This form may be faxed to the LHSAA office at 225-296-5919.
2. This form may be emailed to rmccullough@lhsaa.org.
3. This form must be received by **Saturday, October 29, 2011 (all divisions)**.
4. Forms must be received in the LHSAA by **10:00 pm**.
5. By submitting this form, you certify that you are the district chairperson and that all the information is correct.
6. If you are emailing, please use the word document format.
7. Fill out the following information completely before faxing or emailing.

DIVISION _____ DISTRICT _____ DATE _____

SIGNATURE OF CHAIRPERSON _____

CHAIRPERSON'S SCHOOL _____

HOME PHONE # _____ CELL PHONE # _____

| DISTRICT FINISH | TIES FOR 1st | SCHOOL |
|-----------------|--------------|--------|
|-----------------|--------------|--------|

1st

2nd