Tennessee Secondary School Athletic Association

_____
(Name of School)

_____
(Street)

_____TN_____
(City) (Zip)

SCHEDULE REPORT

Name of Sport

_____

School Year _____-_____

Date:_____

DATE	OPPOSING TEAM	WHERE PLAYED	TIME	REMARKS

Date: _____

Signed: _____
Coach

Signed: _____
Principal

Mail original to TSSAA, 3333 Lebanon Road, Hermitage, TN 37076 when you file your eligibility report. Keep duplicate for your record.