



Tennessee Secondary School Athletic Association

P. O. BOX 319 • 3333 LEBANON ROAD • HERMITAGE, TENNESSEE 37076
615/889-6740 • Fax 615/889-0544 • www.tssaa.org

DATE: October 2011
TO: Girls Volleyball Coach of Regional Qualifier
FROM: Shonnie Speicher, Technology Coordinator
SUBJECT: Girls Volleyball State Tournament Program

This memo is in regard to the Girls Volleyball State Tournament Program. We realize that you are preparing to start your region tournament. However, we wanted to get this information to you so that every team that does qualify for the state tournament will be included in the program. Once you have won a game in your region tournament please send us the following information:

- A. TEAM PHOTO** (Scanned Pictures - 300 DPI; minimal 4" X 5"; save as .tif or .eps file)
Mail or e-mail appropriate team photo to be used in the state tournament program should your team qualify.
- E-MAIL TO: programs@tssaa.org
Identify school in the "Subject" line of your e-mail.
- B. TEAM ROSTER**
Fax or e-mail Team Roster.
- FAX TO: Shonnie Speicher - (615) 889-0544
- OR-
- E-MAIL TO: programs@tssaa.org
- C. SCHOOL LOGO** (Scanned Logo - 300 DPI; minimal 4" X 5"; save as .jpg, .tiff, or .eps file)
E-mail the appropriate school logo to be used in the state tournament program should your team qualify.
- E-MAIL TO: programs@tssaa.org
Identify school in the "Subject" line of your e-mail.

Thank you for your help in this matter. We would like to have all participating schools included in the state tournament program.

STATE VOLLEYBALL TOURNAMENT ROSTER

(PLEASE PRINT OR TYPE. LIST 14 PLAYERS ONLY.)

SCHOOL: _____

CITY: _____, TENNESSEE

CLASS: _____

PLEASE LIST YOUR PLAYERS IN ALPHABETICAL ORDER.

NAME	#	POSITION(S)	HEIGHT	CLASS

HEAD COACH: _____

ASSISTANT COACHES: _____

SCHOOL MASCOT: _____ SCHOOL COLORS: _____

RECORD: WINS _____ LOSSES _____