



WIAA State Track Meet Guest Roster and Room Placement – EAGLE HALL

Please fill out the following information:

School Name: _____

Coach/Coaches: _____ Emergency Contact #(Cell Preferred): _____

Please fill in the full names (first and last) of your coaches and athletes and assign their roommates. Make sure to specify if a suite will be male or female. Please indicate coaching staff with (Coach) after their names.

Suite _____ M:___ F:___

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If you have more guests, please fill out an additional form.
Two copies are needed for each form at REC check-in.