<b>OFFICIAL HHSAA TO</b>	URNAMENT ROSTER
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Athletic Director's Signature:\_\_\_\_\_

## **SPORT: CANOE PADDLING - GIRLS**

PARTICIPANT	GRADI		DATE OF 1 <sup>st</sup> ENTRY TO 9 <sup>th</sup> GRADE
(Last Name, First)		(Month/Day/Year)	OKADE
Principal:	Athletic Direc	tor:	
Head Coach:	Assistant Coa	ches:	

Send/Fax To: HHSAA, P.O. Box 62029, Honolulu, HI 96839

Athletic Trainer:\_\_\_\_

Phone: (808) 587-4495 · Fax: (808) 587-4496 **DEADLINE: Wednesday, January 30, 2013** 

Note: Official team entry cards will be distributed at the Seeding Meeting. Completed team entry cards will be due at the Friday coaches meeting.

OFFICIAL HHSAA TOURNAMENT ROSTER	
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Athletic Director's Signature:\_\_\_\_\_

## **SPORT: CANOE PADDLING - BOYS**

PARTICIPANT (Lost Name First)	GRA	ADE	DATE OF BIRTH (Month/Day/Year)	GRADE
(Last Name, First)			(Manual Day / 1 car)	
	,			
Principal:	_ Athletic Di	irecto	r <b>:</b>	
Head Coach:	_ Assistant (	Coach	es:	

Send/Fax To: HHSAA, P.O. Box 62029, Honolulu, HI 96839

Athletic Trainer:\_\_\_\_

Phone: (808) 587-4495 · Fax: (808) 587-4496 **DEADLINE: Wednesday, January 30, 2013** 

Note: Official team entry cards will be distributed at the Seeding Meeting. Completed team entry cards will be due at the Friday coaches meeting.

## **SPORT: CANOE PADDLING - MIXED**

PARTICIPANT (Last Name, First)	GRADE	DATE OF BIRTH (Month/Day/Year)	DATE OF 1 <sup>st</sup> ENTRY TO 9 <sup>th</sup> GRADE	
(L'ast Name, First)		,		
Principal:	Athletic Directo	or:		
Head Coach:	Assistant Coacl	Assistant Coaches:		
Athletic Trainer:	Athletic Directo	Athletic Director's Signature:		

Send/Fax To: HHSAA, P.O. Box 62029, Honolulu, HI 96839

Phone: (808) 587-4495 · Fax: (808) 587-4496 **DEADLINE: Wednesday, January 30, 2013** 

Note: Official team entry cards will be distributed at the Seeding Meeting. Completed team entry cards will be due at the Friday coaches meeting.