

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE  
30 Realty Drive, Cheshire, Connecticut 06410  
Telephone (203) 250-1111 / Fax (203) 250-1345

Name of School \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of Coach/Advisor \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_  
Coach Cell Phone ( ) \_\_\_\_\_

**UNIFIED SPORTS® VOLLEYBALL ENTRY FORM**

- ☐ **MIDDLE SCHOOLS – Monday, May 3, 2010 – Sheehan High School, Wallingford**  
☐ **HIGH SCHOOLS – Wednesday, May 5, 2010 Branford High School**  
☐ **HIGH SCHOOLS - Wednesday, May 5, 2010 Bacon Academy**

**ENTRY FORMS WILL BE EXCHANGED PRIOR TO TOURNAMENT PLAY**

Please list below all participating students. Please indicate "SA" after the name for Special Athlete, or "SP" for Special Partner. Please list uniform number for all participating students. PLEASE PRINT CLEARLY. \*Designate Captains

Squad Name \_\_\_\_\_ Skill Level (1, 2, 3, 4, 5) \_\_\_\_\_

Name	DOB	M/F	Uniform Number	SA/SP
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**12 players is MAXIMUM roster size – One coach REQUIRED per squad. Schools who change entries after the entry deadline will be billed for food costs.** Scratch deadline is five (5) school days prior to the event.

**Intent-to-Enter is Due Monday, April 5, 2010. Rosters are due Friday, April 26, 2010**

**You may submit this online. If not, return to Ken Bragg, CIAC, 30 Realty Drive, Cheshire, CT 06410 or fax (203) 250-1345**

List team's practice schedule day(s) \_\_\_\_\_ Dates \_\_\_\_\_

2010 UNIFIED SPORTS@VOLLEYBALL TOURNAMENT

**INTENT-TO-ENTER FORM**

Name of School \_\_\_\_\_  
Telephone \_\_\_\_\_  
City/Town \_\_\_\_\_  
Zip Code \_\_\_\_\_

is interested in participating in the Unified Sports Volleyball Tournament on:

- ☐ **Monday, May 3 —** ***Sheehan High School, Wallingford***  
***3:00 -5:30 p.m.***  
***MIDDLE SCHOOLS***
- ☐ **Wednesday, May 5 —** ***Branford High School***  
***3:00 - 5:00 p.m.***  
***HIGH SCHOOLS***
- ☐ **Wednesday, May 5 ---** ***Bacon Academy***  
***3:00 - 5:00 p.m.***  
***HIGH SCHOOLS***

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Name of Principal \_\_\_\_\_  
Name of Coach \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_  
Coach Cell Phone(\_\_\_\_) \_\_\_\_\_  
e-mail address \_\_\_\_\_

# of Squads \_\_\_\_\_ Skill Levels: \_\_\_\_\_ (1, 2, 3, 4)

Approximate # of students (athletes & partners): \_\_\_\_\_

Signature of Principal \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Coach \_\_\_\_\_  
Date \_\_\_\_\_

Please return to:

Ken Bragg  
CIAC, 30 Realty Drive  
Cheshire, CT 06410  
Fax -- (203) 250-1345

**RETURN BY APRIL 5TH**

2010 UNIFIED SPORTS® TRACK TOURNAMENT  
**INTENT-TO-ENTER FORM**

Name of School \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

is interested in participating in the Unified Sports Track Tournament on:

- ☐ **Wednesday, May 12 – Plainville High School – 3:00 - 6:30 p.m. (Middle & High Schools)**
- ☐ **Wednesday, May 12 – Norwich Free Academy – 3:00 - 6:30 p.m. (ECC High Schools ONLY)**
- ☐ **Thursday, May 13 – Danbury High School – 3:00 - 6:30 p.m. (Middle and High Schools)**
- ☐ **Monday, May 24 – Fairfield -Ludlow FCIAC ONLY – 3:00 - 6:30 p.m. (High School)**
- ☐ **Wednesday, June 2 - West Haven High School 3:00 - 6:30 p.m. ( High School)**

**All entries are based on number of openings – “first come, first served basis.”**

Intent-to-Enter    Monday, April 12, 2010 (Plainville, NFA, Danbury, & Fairfield-Ludlow)  
Roster Form Due   Monday, May 3, 2010 (Plainville, NFA, Danbury Only)  
Intent-to-Enter    Wednesday, May 12., 2010 (West Haven Only)  
Roster Form Due   Wednesday, May 12 2010 ( Fairfield -Ludlow)  
Roster Form Due   Thursday, May 20, 2010 (West Haven Only)

**You must enter your names, times, or distances on the CIAC web site by May 3 for Plainville, Norwich, Fairfield-Ludlow and Danbury and May 20 for the West Haven meet in order for us to “seed” the athletes for the meets – [www.casciac.org](http://www.casciac.org) – click on CIAC, click Unified Sports, scroll to track forms and enter exactly as directed.**

If your names and times are not on the computer, your students **will not be running**

Name of Principal \_\_\_\_\_  
Name of Coach \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Coach Cell Phone (    ) \_\_\_\_\_  
e-mail address \_\_\_\_\_

Approximate # of students (athletes & partners): \_\_\_\_\_  
# of Wheelchair Athletes \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Coach \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Ken Bragg  
CIAC, 30 Realty Drive  
Cheshire, Ct 06410  
Fax – (203) 250-134

Return by:                      April 13, 2009