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NYSSO ON-SITE SANCTION FORM

**Coach's Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Car/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Team Manager Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Team Information**

Grade: \_\_\_\_\_

Organization: \_\_\_\_\_

**"Where Winners Become Champions"**

**www.NYSSO.net**

Team Name: \_\_\_\_\_

Password: \_\_\_\_\_

(Must be at least 5 characters)

**NYSSO is committed to creating parity among all teams who participate in our tournaments. Filling out the below information will allow NYSSO to match your team up accordingly. 3rd grade teams don't need to fill this out**

Did you finish 1<sup>st</sup> or 2<sup>nd</sup> in your league play last year?

How many tournaments did you participate in last year?

How many tournaments did you finish within the top 4:

Current class level your high school is playing football in- Please choose from 1A through 6A

### Payment Information

Check                      Cash                      Other \_\_\_\_\_

Check Number: \_\_\_\_\_

Name on Check: \_\_\_\_\_

Contact Number on Check: \_\_\_\_\_

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