



**WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION**  
**731 EAST 2ND STREET**  
**CASPER, WY 82601-2620**  
**PHONE # 577-0614 / FAX # 577-0637**  
**www.whsaa.org**

## **RULES INTERPRETATION ATTENDANCE SHEET**

Please complete the information required below. **PLEASE PRINT.**

NAME \_\_\_\_\_ OFFICIAL / COACH  
(Circle one)

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

SCHOOL \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Please circle the activity:

BASKETBALL

SOCCER

TRACK

FOOTBALL

SPIRIT GROUPS

VOLLEYBALL

SWIMMING

WRESTLING

DATE OF CLINIC \_\_\_\_\_ LOCATION \_\_\_\_\_

CLINICIAN \_\_\_\_\_

I certify that I am the person whose name appears above and that the information is correct, and that I was in attendance for the entire clinic.

SIGNATURE \_\_\_\_\_

PLEASE PUT COMMENTS OR SUGGESTIONS ON THE REVERSE SIDE.