Application for Minnesota High School Athletic Record

SPORT _____

TYPE OF RECORD TEAM ☐ INDIVIDUAL ☐ COACH ☐

CATEGORY _____
Example: Fastest 100-yard breaststroke; Most goals in a career

NAME AND/OR SCHOOL OF APPLICANT

NAME _____ SCHOOL _____

HOME ADDRESS _____
Street City, State Zip

HOME PHONE _____ - _____ - _____ E-MAIL _____

AGE (WHEN PERFORMANCE ATTAINED) _____ GRADE (WHEN PERFORMANCE ATTAINED) _____

SCHOOL ADDRESS _____
Street City, State Zip

SCHOOL PHONE _____ - _____ - _____

PERFORMANCE

_____

_____

TYPE OF COMPETITION _____
Example: Regular season; invitational, conference, subsection, section, or state tournament; other

OPPONENT _____

FINAL SCORE OR STANDING (WHERE APPLICABLE) _____

PERFORMANCE SITE (WHERE APPLICABLE) _____
Facility City, State

PERFORMANCE DATE (WHERE APPLICABLE) _____

DOCUMENTATION ATTACHED _____
Example: Copies of official scorebooks, official statistics, newspaper articles, other

COMMENTS _____

_____

CONTACT INFORMATION (PERSON SUBMITTING APPLICATION)

NAME _____ TITLE _____

ADDRESS _____
Street City, State Zip

DAYTIME PHONE _____ - _____ - _____ E-MAIL _____

SIGNATURE _____ RELATIONSHIP TO APPLICANT _____

FOR MSHSL OFFICE USE ONLY

DATE RECEIVED / PERSON RECEIVING _____

APPLICATION/DOCUMENTATION COMPLETE ☐ DATE PROCESSED _____ PHOTO ? YES ☐ NO ☐