**University of Tennessee**
*Athletics Compliance Office*

# High School Team Request
**2011-12**

High School _____ Address _____

Phone Number _____ Fax _____

Contact Name _____
Phone Number _____
Cell Number _____

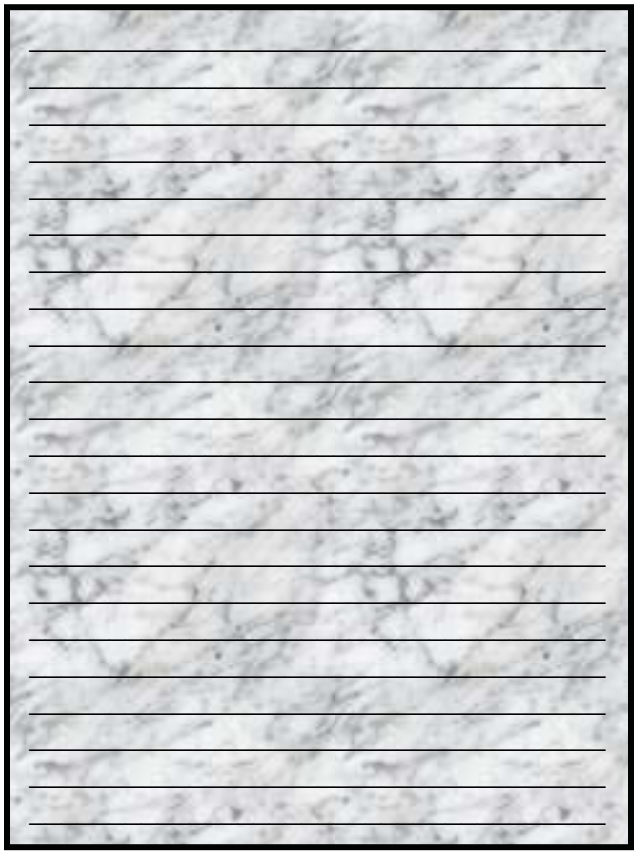
Game Requested _____ Number of Passes Requested _____

## NO ID = NO ADMISSION NO EXCEPTIONS

* Provide names of high school players and coaches.
* Everyone must show a picture ID and sign at the gate to be admitted.
* If Approved, each individual listed will receive one pass.
* Indicate Coach and Player by circling the corresponding letter.

**SIGNATURE ON GAME DAY**

1. _____ C/P
2. _____ C/P
3. _____ C/P
4. _____ C/P
5. _____ C/P
6. _____ C/P
7. _____ C/P
8. _____ C/P
9. _____ C/P
10. _____ C/P
11. _____ C/P
12. _____ C/P
13. _____ C/P
14. _____ C/P
15. _____ C/P
16. _____ C/P
17. _____ C/P
18. _____ C/P
19. _____ C/P
20. _____ C/P
21. _____ C/P
22. _____ C/P



**This is only a request. Tickets are limited, and we may not be able to fulfill your entire request. You MUST contact the basketball office one day prior of the requested game for confirmation. (865) 974-1207**

**Basketball Office Approval _____ DATE _____**