TOURNAMENT OPT-OUT FAX FORM

Date: ____________  Time: ____________  Fax Phone: __________________________

To: ___________________________ School: __________________________
   (Tournament Manager)

From: __________________________________ Fax Phone: __________________________
       School: __________________________

Based upon your MHSAA Membership Resolution and your sport participation history, your sports
teams were assigned to the enclosed MHSAA first round sites. Schools must notify their tournament
managers by the Opt-Out Due Date if they DO NOT intend to participate in a previously assigned
MHSAA tournament. Complete and send/fax the below information to the Tournament Manager(s)
and the MHSAA by or before the Opt-Out Due Date. Please retain a copy of this information for your
files.

__________________________________will NOT PARTICIPATE in the below listed tournament.
   (MHSAA Member High School)

Sport: __________________________________________________________

Tournament Assigned: _______________ ___________________________________________
   (Number and Location)

Today’s Date:                     ___________________ Opt-Out Due Date:________________________

Did you sponsor a team in this sport this year?  _____Yes    _____No

Will you sponsor a team in this sport next school year?  _____Yes    _____No

Reminder: Official’s ratings still must be submitted in this sport for regular season contests.

__________________________________________________________
       Athletic Director’s Signature

SEND/FAX THIS INFORMATION TO THE TOURNAMENT MANAGER BEFORE THE OPT-OUT DUE DATE.
   (Fax a copy to the MHSAA: 517-332-4071)