

**Georgia Association of
Private & Parochial Schools**

Fayetteville, GA 30214

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(678) 679-7123

Post-Season Tournament Request



Name of Non-GAPPS Post-Season Tournament:

Date of Tournament:

Location of Tournament:

Is this tournament school sponsored school supervised? (Yes or No) _____

Is this tournament school supervised? (Yes or No) _____

Does the name of each player appear on the GAPPS regular season roster? (Yes or No)

Athletic Director - Printed Name _____

Athletic Director - Signature _____

Date Signed: _____

GAPPS USE ONLY

GAPPS President - Signature _____

Date Signed: _____