

FLORIDA HIGH SCHOOL STATE CHAMPIONSHIP EVENT

HOST ORGANIZATION KEY CONTACTS DIRECTORY



Event: _____

HOST ORGANIZATION EXECUTIVE OR HEAD ADMINISTRATOR

Name: _____ Title: _____

Organization: _____

Mailing address: _____

Email address: _____

Phone: _____ Cell: _____ Fax: _____

HOST SCHOOL/SCHOOL DISTRICT ADMINISTRATOR (if applicable)

Name: _____ Title: _____

Organization: _____

Mailing address: _____

Email address: _____

Phone: _____ Cell: _____ Fax: _____

EVENT MANAGER

Name: _____ Title: _____

Organization: _____

Mailing address: _____

Email address: _____

Phone: _____ Cell: _____ Fax: _____

FACILITY LIAISON

Name: _____ Title: _____

Organization: _____

Mailing address: _____

Email address: _____

Phone: _____ Cell: _____ Fax: _____

MEDIA COORDINATOR

Name: _____ Title: _____

Organization: _____

Mailing address: _____

Email address: _____

Phone: _____ Cell: _____ Fax: _____

MARKETING COORDINATOR

Name: _____ Title: _____

Organization: _____

Mailing address: _____

Email address: _____

Phone: _____ Cell: _____ Fax: _____