



**ASSIGNING SECRETARY
REGION TOURNAMENT ASSIGNMENT
RECOMMENDATIONS**

KHSAA Form BA110
Rev. 09/13

TOURNAMENT YEAR _____

ASSOCIATION _____

ASSIGNING SECRETARY _____

REGION NUMBER			
##	KHSAA ID	NAME	HOME REGION
1			
2			
3			
4			

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1			
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1			
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3			
4			

Signature