

IHSA[®] Information

Boys Gymnastics

Call: (309) 663-6377 FAX: (309) 663-7479

Team Seeding Information -

(Due to IHSA Tuesday, March 31 – 9:00 a.m. Fax completed form to 309-663-7479.)

Instructions

1. Coaches must fax or email to the IHSA this summary sheet that shows all scores from their team meets that used three scores on all events.
2. An average team score will be computed by the school entered, based on the seeding policy below.
3. Host schools will be assigned based on the seeds. Schools that may be eligible and wish to host must also complete the "Sectional Host School Consent Form" below.

Seeding Policy

1. Scores used for the team seeding shall be from gymnastics meets where the team score was determined by adding three scores on all events.
2. The average of one half of the team's total meets that has the 3 score criteria will be used.
3. If there is an odd number of meets, the team will average one meet above the one half. For example, if there were nine meets that met the criteria, then five meets would be averaged. Twelve meets in the season that met the criteria, six meets would be averaged.
4. Determine the average of half of those high scores.

	Date	Opponent/Event	Reporting School Score
1.			
2.			
3.			
4.			
5.			
6.			
Average Team Score/Seeding Score			

This shall verify that the information submitted is in accordance with the Boys' Gymnastics Terms and Conditions Seeding Policy.

School _____ City _____

Coach submitting this report _____

Sectional Host Consent for Boys Gymnastics

Complete this section only if your school is interested in hosting a regional. We understand that assignment of a host school for this year's Boys' Gymnastics Sectional Meet will be based on seeding. If it is determined by the seeds that our school is eligible to host a Sectional, we will consent to do so on one of the days assigned by the IHSA. If selected, our school is acknowledging that we will provide equipment for the sectional meet that meets the requirements spelled out in the NFHS Rules Book and the IHSA Terms and Conditions.

If we are assigned to host the following person will serve as Meet Manager:

Name: _____

Title: _____

School Phone: _____

Cell Phone: _____

Email: _____

Signature of Principal or Athletic Director (required)

All equipment and mat specifications are satisfied.

Please indicate your preferred dates for hosting.	Wednesday, May 6 7:00 p.m.	Thursday, May 7 7:00 p.m.	Friday, May 8 7:00 p.m.	Saturday, May 9 2:00 p.m.	Saturday, May 9 7:00 p.m.
First Choice					
Second Choice					
Third Choice					
Fourth Choice					

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