CROSS COUNTRY SKIING ENTRY FORM

Region:

Head Coach Day of Contact Number:

Team/Program:

Coach Name(s):

Coach E-mail(s):

DO YOU PLAN ON ATTENDING STATE MARCH 2 AND 3, 2019?

☐ YES ☐ NO

	25M Race			50M Race			100M Race			500 M Race					
	:	.		:	.		:	.		:	.				
(Athlete Name)	min	sec	ths	min	sec	ths	min	sec	ths	min	sec	ths			
	1K Race			2.5K Race			5K Race			7.5K Race			10K Race		
	:	.		:	.		:	.		:	.		:	.	
(Gender) (DOB)	min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec
	1K Race Unified			2.5K Race Unified			5K Race Unified			7.5K Race Unified			10K Unified		
Athlete/Partner	:	.		:	.		:	.		:	.		:		
	min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec

	25M Race			50M Race			100M Race			500 M Race					
	:	.		:	.		:	.		:	.				
(Athlete Name)	min	sec	ths	min	sec	ths	min	sec	ths	min	sec	ths			
	1K Race			2.5K Race			5K Race			7.5K Race			10K Race		
	:	.		:	.		:	.		:	.		:	.	
(Gender) (DOB)	min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec
	1K Race Unified			2.5K Race Unified			5K Race Unified			7.5K Race Unified			10K Unified		
Athlete/Partner	:	.		:	.		:	.		:	.		:	.	
	min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec

	25M Race			50M Race			100M Race			500 M Race					
	:	.		:	.		:	.		:	.				
(Athlete Name)	min	sec	ths	min	sec	ths	min	sec	ths	min	sec	ths			
	1K Race			2.5K Race			5K Race			7.5K Race			10K Race		
	:	.		:	.		:	.		:	.		:	.	
(Gender) (DOB)	min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec
	1K Race Unified			2.5K Race Unified			5K Race Unified			7.5K Race Unified			10K Unified		
Athlete/Partner	:	.		:	.		:	.		:	.		:	.	
	min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec