

CROSS COUNTRY SKIING ENTRY FORM

Region: _____ 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)		min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec
(DOB)		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)		min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec
(DOB)		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)		min	sec	ths	min	sec	ths	hr	min	sec	hr	min	sec	hr	min	sec
(DOB)		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