

SNOWSHOE ENTRY FORM

Region: _____ Day of Contact: _____

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	200M Race
(Athlete Name)	: .	: .	: .	: .
	min sec ths	min sec ths	min sec ths	min sec ths
	400M Race	800M Race	1600 M Race	
(Gender) (DOB)	: .	: .	: .	
	min sec ths	min sec ths	min sec ths	
(Athlete/Partner)	: .	: .	: .	: .
	hr min sec	hr min sec	hr min sec	hr min sec

	25M Race	50M Race	100M Race	200M Race
(Athlete Name)	: .	: .	: .	: .
	min sec ths	min sec ths	min sec ths	min sec ths
	400M Race	800M Race	1600 M Race	
(Gender) (DOB)	: .	: .	: .	
	min sec ths	min sec ths	min sec ths	
(Athlete/Partner)	: .	: .	: .	: .
	hr min sec	hr min sec	hr min sec	hr min sec

	25M Race	50M Race	100M Race	200M Race
(Athlete Name)	: .	: .	: .	: .
	min sec ths	min sec ths	min sec ths	min sec ths
	400M Race	800M Race	1600 M Race	
(Gender) (DOB)	: .	: .	: .	
	min sec ths	min sec ths	min sec ths	
(Athlete/Partner)	: .	: .	: .	: .
	hr min sec	hr min sec	hr min sec	hr min sec