

SNOWSHOE ENTRY FORM

Region: _____ Day of Contact: _____

Team/Program: _____

Coach Name(s): _____

Coach E-mail(s): _____

DO YOU PLAN ON
ATTENDING STATE ON
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				
	5K Race	5K Unified	10K Race	10K Unified			
(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				
	5K Race	5K Unified	10K Race	10K Unified			
(Athlete/Partner)	: .	: .	: .	: .			
	hr min sec	hr min sec	hr min sec	hr min sec			

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(Athlete/Partner)	: .	: .	: .	: .			
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(Athlete/Partner)	hr	min	sec	hr	min	sec	hr	min	sec	hr	min	sec

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