

# 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 ON FEBRUARY 22 AND  
23, 2020?

YES

NO

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

		<b>25M Race</b>			<b>50M Race</b>			<b>100M Race</b>			<b>500 M Race</b>					
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