



**ALPINE SKIING AND SNOWBOARD ENTRY FORM**

DO YOU PLAN ON ATTENDING  
STATE ON  
FEBRUARY 22 AND 23, 2020?

Region: \_\_\_\_\_ Day of Contact Number: \_\_\_\_\_

Team/Program: \_\_\_\_\_

Coach Name(s): \_\_\_\_\_

Coach E-mail(s): \_\_\_\_\_

YES NO

		GIANT SLALOM			SUPER G			SLALOM (State Only)		
Sport (circle or check)		:	.		:	.		Check or circle if planning on racing at State.	Yes	No
(Athlete/Partner Name)		min	sec	ths	min	sec	ths			
Alpine Ski										
(Gender) (DOB)		Level:	Novice	Check or circle if competing in the following	Loose Tether					
			Intermediate		Taut Tether					
			Advanced		Sit Ski					
(A or P)		Unified			List teammate:					

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