

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)		min	sec	ths	min	sec	ths	Check or circle if planning on racing at State.	Yes	No
(Athlete/Partner Name)	Alpine Ski							Check or circle if competing in the following	Loose Tether Taut Tether Sit Ski	
(Gender)	Snowboard									
(DOB)	Unified									
(A or P)		List teammate:								

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