

SNOWSHOE ENTRY FORM

Region: _____ Day of Contact: _____

Team/Program: _____

Coach Name(s): _____

Coach E-mail(s): _____

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

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)	min	sec	ths	min	sec	ths	min	sec	ths			
(DOB)												
	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)	min	sec	ths	min	sec	ths	min	sec	ths			
(DOB)												
	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)	min	sec	ths	min	sec	ths	min	sec	ths			
(DOB)												
	5K Race			5K Unified			10K Race			10K Unified		
	:	.		:	.		:	.		:	.	
(Athlete/Partner)	hr	min	sec	hr	min	sec	hr	min	sec	hr	min	sec