VHSL CROSS COUNTRY STATE MEET ENTRY FORM - (COACHES GIVE TO YOUR REGIONAL DIRECTOR)

CHECK ONE: Girls ☐ Boys ☐ CLASS: ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

SCHOOL: _____ REGION: _____

DATE ENTRY FILED : _____ DATE OF MEET: _____

INSTRUCTIONS: Please fill out this form, and return to your Region Director.

PARTICIPATION: The 6, 5, 4, 3, 2 & 1 (Boys and Girls) must qualify from a regional meet. The 6, 5, 4, 3, 2 & 1 State Meets shall be limited to the top three (3) teams and the first five (5) individuals from each regional meet.

NO ADDITIONS TO, OR CHANGES IN THE LIST OF ENTRIES (OTHER THAN SCRATCHES) MAY BE MADE AFTER IT HAS BEEN RECEIVED BY THE VHSL STATE MEET DIRECTOR. NO ENTRY WILL BE ACCEPTED WHICH IS NOT SUBMITTED ON THIS OFFICIAL ENTRY FORM, PROPERLY CERTIFIED, AND GIVEN TO YOUR REGIONAL MEET DIRECTOR UPON THE CONCLUSION OF THE REGION MEET. RECHECK YOUR ENTRIES.

THE REGIONAL DIRECTOR WILL FAX OR EMAIL TO THE STATE DIRECTOR THE RGIONAL REPORT WITH ALL INFORMATION. **YOU DO NOT NEED TO FORWARD THIS REPORT TO THE STATE DIRECTOR.**

Type in alphabetical order, listing last name first.
DO NOT USE NICKNAME. A maximum of ten entries may be listed, but not more than seven may start. RECHECK YOUR ENTRIES.

Please indicate below the place your team and individual entries finished in the regional meet. Such information is needed to ascertain if your entries are qualified to enter the state meet.

Our team finished # _____ in the regional meet.

Our individual entries finished # _____ in the regional meet.

The entries for _____ High School are as follows.

LIST OF ENTRIES

No	Athlete	GRADE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

ALTERNATES

1.		
2.		
3.		

I hereby submit the above-listed entries in the State Cross Country Championship Meet. I certify to our acceptance of the general regulations governing the meet, and to the individual eligibility of our representatives under current League regulations.

Cross Country Coach: _____ **Home Phone**: _____

Email (Head Coach): _____ **Date:** _____

Regional Director: _____ **Email:** _____ **Home Phone:** _____

REGION DIRECTORS: BRING THIS FORM WITH YOU TO THE STATE MEET – I DO NOT NEED THIS FORM. PLEASE MAKE SURE YOU HAVE A COPY FROM ALL SCHOOLS PARTICIPATING AND HAVE ALL PARTICIPANTS LISTED ON THE REGIONAL DIRECTORS REPORT.