

2009 MSHSAA DISTRICT CROSS COUNTRY ENTRY FORM

BOYS

School _____ City _____
Address _____ Zip Code _____ Class _____
School Colors _____ Team Mascot _____

ONLY THOSE SCHOOLS WHICH HAVE REGISTERED ONLINE FOR CROSS COUNTRY, PAID THE RELATED ENTRY FEE TO THE MSHSAA OFFICE AND HAVE BEEN ASSIGNED TO A DISTRICT MEET WILL BE ALLOWED TO ENTER.

Table with 4 columns: COMPETITORS' NAMES (Please print) Last, First, Grade in School, and COMPETITORS' NAMES (Please print) Last, First, Grade in School. Includes four rows of blank lines for entry.

ALTERNATES

Table with 4 columns: COMPETITORS' NAMES (Please print) Last, First, Grade in School, and COMPETITORS' NAMES (Please print) Last, First, Grade in School. Includes two rows of blank lines for entry.

School's Eligibility Certification: I certify that the above listed students are eligible under the current eligibility requirements of the MSHSAA to represent this high school in the district Cross Country meet and meet all requirements in the MSHSAA Cross Country Manual.

Signed _____ Date _____
(Principal or Superintendent)

Name of Coach _____ Coach's Home Phone _____

School Phone _____

Additional alternates should be certified on the back of this form or on an attached eligibility roster. Substitutions may be made up to the time of the meet from the list of alternates who are certified eligible. Students not certified eligible by their principal may not be used as substitutes.

FAX OR HAND-DELIVER THIS FORM DIRECTLY TO THE MANAGER OF THE DISTRICT MEET LISTED ON THE DISTRICT MEET ASSIGNMENT SHEET. SEE MSHSAA CROSS COUNTRY MANUAL LOCATED ON THE MSHSAA WEBSITE FOR INFORMATION CONCERNING THIS EVENT.

DEADLINE FOR SUBMITTING THIS ENTRY IS 4:00 P.M. ON MONDAY, OCTOBER 19 FOR CLASS 4 AND MONDAY, OCTOBER 26 FOR CLASS 1-3.

2009 MSHSAA DISTRICT CROSS COUNTRY ENTRY FORM

GIRLS

School _____ City _____
Address _____ Zip Code _____ Class _____
School Colors _____ Team Mascot _____

ONLY THOSE SCHOOLS WHICH HAVE REGISTERED ONLINE FOR CROSS COUNTRY, PAID THE RELATED ENTRY FEE TO THE MSHSAA OFFICE AND HAVE BEEN ASSIGNED TO A DISTRICT MEET WILL BE ALLOWED TO ENTER.

Table with 4 columns: COMPETITORS' NAMES (Please print) Last, First, Grade in School, and COMPETITORS' NAMES (Please print) Last, First, Grade in School. Includes four rows of blank lines for entry.

ALTERNATES

Two rows of blank lines for entering alternate names and grades.

School's Eligibility Certification: I certify that the above listed students are eligible under the current eligibility requirements of the MSHSAA to represent this high school in the district Cross Country meet and meet all requirements in the MSHSAA Cross Country Manual.

Signed _____ Date _____
(Principal or Superintendent)

Name of Coach _____ Coach's Home Phone () _____

School Phone () _____

Additional alternates should be certified on the back of this form or on an attached eligibility roster. Substitutions may be made up to the time of the meet from the list of alternates who are certified eligible. Students not certified eligible by their principal may not be used as substitutes.

FAX OR HAND-DELIVER THIS FORM DIRECTLY TO THE MANAGER OF THE DISTRICT MEET LISTED ON THE DISTRICT MEET ASSIGNMENT SHEET. SEE MSHSAA CROSS COUNTRY MANUAL LOCATED ON THE MSHSAA WEBSITE FOR INFORMATION CONCERNING THIS EVENT.

DEADLINE FOR SUBMITTING THIS ENTRY IS 4:00 P.M. ON MONDAY, OCTOBER 19 FOR CLASS 4 AND MONDAY, OCTOBER 26 FOR CLASS 1-3.

2009 MSHSAA SECTIONAL CROSS COUNTRY ENTRY FORM

CLASS 4 BOYS ONLY

School _____ City _____
Address _____ Zip Code _____ Class _____
School Colors _____ Team Mascot _____

Table with 4 columns: QUALIFIERS' NAMES (Please print) Last, First, Grade in School, and a second set of the same columns. Includes four rows of blank lines for entry.

ALTERNATES

Two rows of blank lines for entering alternate names and grades.

School's Eligibility Certification: I certify that the above listed students qualified at the (Site) Class 4 district meet and are eligible under the current eligibility requirements of the MSHSAA to represent this high school in the sectional Cross Country meet and meet all requirements in the MSHSAA Cross Country Manual.

For more information concerning this event, see the MSHSAA Cross Country Manual.

Signed _____ Date _____
(Principal or Superintendent)

Name of Coach _____ Coach's Home Phone () _____

School Phone () _____ Fax Number () _____

Additional alternates for team competition should be certified on the back of this form or on an attached eligibility roster. Substitutions may be made up to the time of the meet from the list of alternates who are certified eligible. Students not certified eligible by their principal may not be used as substitutes.

IMPORTANT NOTE: This form shall be submitted to the meet manager before you leave your district site!

School _____ City _____
 Address _____ Zip Code _____ Class _____
 School Colors _____ Team Mascot _____

QUALIFIERS' NAMES (Please print)		Grade in	QUALIFIERS' NAMES (Please print)		Grade in
Last	First	School	Last	First	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ALTERNATES

_____	_____	_____	_____
_____	_____	_____	_____

School's Eligibility Certification: I certify that the above listed students qualified at the (Site) Class 4 district meet and are eligible under the current eligibility requirements of the MSHSAA to represent this high school in the sectional Cross Country meet and meet all requirements in the MSHSAA Cross Country Manual.

For more information concerning this event, see the MSHSAA Cross Country Manual.

Signed _____ Date _____
 (Principal or Superintendent)

Name of Coach _____ Coach's Home Phone () _____

School Phone () _____ Fax Number () _____

Additional alternates for team competition should be certified on the back of this form or on an attached eligibility roster. Substitutions may be made up to the time of the meet from the list of alternates who are certified eligible. Students not certified eligible by their principal may not be used as substitutes.

IMPORTANT NOTE: This form should be submitted to the meet manager before you leave your district site!

Classification (Class 1, etc.) _____

Name of School: _____

School Address: _____

City/Zip: _____

School Phone: (Include Area Code) _____ School Fax _____

Head Coach's Name: _____ Coach's Home Phone _____

School Mascot: _____

School Colors: _____

The following students qualified for the MSHSAA Championships as (Check One): _____ Team _____ Individual

For office Use Only	A. QUALIFIERS First name; last name	Year in School
_____	1. _____	_____
_____	2. _____	_____
_____	3. _____	_____
_____	4. _____	_____
_____	5. _____	_____
_____	6. _____	_____
_____	7. _____	_____
	B. ALTERNATES	
	1. _____	_____
	2. _____	_____
	3. _____	_____

School's Eligibility Certification: I certify that the above listed students qualified at the district/sectional meet and are eligible under the current eligibility requirements of the MSHSAA to represent this high school in the MSHSAA Cross Country Championships and meet all requirements in the MSHSAA Cross Country Manual.

Signed _____ Date _____
(Principal or Superintendent)

Additional alternates for team competition must be certified on the back of this form or an attached eligibility roster. Substitutions for members of qualifying teams may be made up until the time of the meet from the list of alternates who are certified eligible. Students not certified eligible by their principal may not be uses as substitutes.

IMPORTANT NOTE: This form should be submitted to the meet manager before you leave your district/sectional site!

Classification (Class 1, etc.) _____

Name of School: _____

School Address: _____

City/Zip: _____

School Phone: (Include Area Code) _____ School Fax _____

Head Coach's Name: _____ Coach's Home Phone _____

School Mascot: _____

School Colors: _____

The following students qualified for the MSHSAA Championships as (Check One): _____ Team _____ Individual

For office Use Only	A. QUALIFIERS First name; last name	Year in School
_____	1. _____	_____
_____	2. _____	_____
_____	3. _____	_____
_____	4. _____	_____
_____	5. _____	_____
_____	6. _____	_____
_____	7. _____	_____
	B. ALTERNATES	
	1. _____	_____
	2. _____	_____
	3. _____	_____

School's Eligibility Certification: I certify that the above listed students qualified at the district/sectional meet and are eligible under the current eligibility requirements of the MSHSAA to represent this high school in the MSHSAA Cross Country Championships and meet all requirements in the MSHSAA Cross Country Manual.

Signed _____ Date _____
(Principal or Superintendent)

Additional alternates for team competition must be certified on the back of this form or an attached eligibility roster. Substitutions for members of qualifying teams may be made up until the time of the meet from the list of alternates who are certified eligible. Students not certified eligible by their principal may not be uses as substitutes.

IMPORTANT NOTE: This form should be submitted to your meet manager before you leave your district/sectional site!