

CROSS COUNTRY ENTRY FORM
(Duplicate as needed.)

School _____
 City _____
 Coach _____

Please check appropriate meet

___ District
 ___ Regional

Coach's Phone Number(Home) _____
 (Office) _____

Please check one: ___ Girls' Meet
 ___ Boys' Meet

Check One: Region - I II III IV

Check One: Conference - 1A 2A 3A 4A 5A 6A

UIL District Number: _____

I hereby certify that the following students are eligible for participation:

Grade	Name (first and last name)	Grade	Name (first and last name)
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	**Alternate
4. _____	_____	9. _____	**Alternate
5. _____	_____	10. _____	**Alternate

*Send names of all eligible runners.

**Alternates are eligible for participation on a team but not as a replacement for an individual runner.

Signed: _____ (Superintendent or Principal)

As soon as your district meet is complete, send or fax to appropriate regional director as listed in the manual.

DO NOT SEND A COPY TO THE UIL OFFICE.

IMPORTANT DATES

Deadline for filing eligibility blank to district5 days prior to the district meet

Deadline for filing eligibility blank to regionalImmediately following District Meet