

CROSS COUNTRY ENTRY BLANK
(Duplicate as needed.)

School _____

Please check appropriate meet

City _____

_____ District

Coach _____

_____ Regional

Coach's Phone Number(Home) _____

Please check one: _____ Girls' Meet

(Office) _____

_____ Boys' Meet

Circle One: Region - 1 2 3 4

Circle One: Conference - 1A 2A 3A 4A 5A

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 district 10 days prior to the district meet

Deadline for filing eligibility blank to regional Immediately following District Meet