

DISTRICT CROSS COUNTRY ENTRY FORM
(Duplicate as needed.)

School _____
City _____
Coach _____

Please check one:
Girls' Meet
Boys' Meet

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

Check One: Region - I II III IV

Check 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)

DO NOT SEND A COPY TO THE UIL OFFICE.

IMPORTANT DATES

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