

2008 MPSSAA CROSS COUNTRY ENTRY APPLICATION

DEADLINE FOR COMPLETED APPLICATION IS OCTOBER 10. An application received after the deadline must be accompanied by a check for \$100.00, payable to the MPSSAA, or the entry will be invalid. **IN NO CASE WILL A TEAM BE ENTERED INTO A REGION MEET IF THE REGION MEET DIRECTOR DOES NOT HAVE THE COMPLETED APPLICATION AND \$100 LATE FEE (if applicable), IN HAND BY NOON ON OCTOBER 17.**

1. Type or print all information AND make a copy for your records.
2. List NO MORE THAN 14 runners. (Only seven of these will compete). Only the top 10 will be assigned numbers.
3. Substitutions are allowed up to and including the Monday prior to the Region Meet.
4. Send completed application form to YOUR REGION MEET DIRECTOR (page 17) by October 10.
5. IN ORDER TO ADVANCE TO THE STATE MEET AFTER A TEAM OR INDIVIDUAL HAS QUALIFIED IN THE REGION MEET, it is the coach's responsibility to meet with the Region Meet Director and declare up to 10 runners from a qualifying team or any individual qualifiers for OFFICIAL ENTRY into the STATE MEET. Indicate team runners or individuals by **HIGHLIGHTING THE NAME, NUMBER, AND GRADE.** Of the team declared, only seven may run in the STATE MEET.
6. The Region Meet Director and District representatives will bring region meet results and official entry forms to the MPSSAA organization meeting held at the Holiday Inn Laurel West on Sunday, November 2, at 10 a.m.

SCHOOL _____ SCHOOL PHONE _____
 COUNTY/CITY _____ CLASSIFICATION _____ REGION _____
 PRINCIPAL _____ HEAD COACH _____
 ATHLETIC DIRECTOR _____ COACH'S PHONE (W) - _____ (H) - _____
 A.D. PHONE (W) - _____ (H) - _____ COACH'S E-MAIL _____

Alternates may be included in the final 10 athletes qualifying for the State Meet.
 Notify Meet Director prior to the start of the race if an alternate is competing in the Region Meet.

TYPE ROSTER BELOW

	LAST NAME	FIRST NAME	GR 9-10-11-12
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Alt 1.			
Alt 2.			
Alt 3.			
Alt 4.			

By signature (ALL THREE SIGNATURES ARE REQUIRED), I hereby submit this application for participation in the region Cross Country Meet. I certify this form to be properly completed and further certify our acceptance of the regulations governing the tournament.

COACH'S
 SIGNATURE _____ DATE _____
 ATHLETIC DIRECTOR'S
 SIGNATURE _____ DATE _____
 PRINCIPAL'S
 SIGNATURE _____ DATE _____