

WVSSAC REGIONAL CROSS COUNTRY ENTRY FORM - - BOYS

School _____ City _____
 Address _____ Zip Code _____ Region No. _____
 School Colors _____ Team Nickname _____
 Coach's Name _____

Only those schools which have submitted a Fall-Winter Entry Form to the WVSSAC office will be eligible to participate in the meet.

A school team must have participated in five (5) meets.

I certify that the following students are eligible under current eligibility rules of the WVSSAC to represent this high school in the regional cross country meet.

<i>Official Use Only</i>	NAME	GRADE	<i>Official Use Only</i>	NAME	GRADE
	Last	First		Last	First
		in School			in School
_____	1.	_____	_____	5.	_____
_____	2.	_____	_____	6.	_____
_____	3.	_____	_____	7.	_____
_____	4.	_____	_____		

ALTERNATES

<i>Official Use Only</i>	<i>Official Use Only</i>
_____	4. _____
_____	5. _____
_____	6. _____

Date _____ Signed _____
 Principal

Mail **this original** to the WVSSAC office. Send a copy to the regional director with a copy of your Eligibility Certificate. Check **The Interscholastic** for his/her name and address.

**CHECK ENTRY FORM CHECK LIST FOR POSTMARK DATE
 WVSSAC, 2875 Staunton Turnpike, Parkersburg, WV 26104-7219**