

CROSS-COUNTRY RUNNING

ATHLETE FORM

TEAM NAME	
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REGION	
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INSTRUCTIONS:

1. Athletes may enter one event only.
2. Athletes must be able to RUN the event.
3. Please use black pen when filling out this form if you aren't typing.



ACTIVE ATHLETES			Date of Birth (Month/Date/Year)	GENDER		EVENT	TIME
#	Last Name	First Name		Male	Female	3K or 5K	Min: Sec . Milisec
1							
2							
3							
4							
5							
6							
7							

ALTERNATE ATHELTES			Date of Birth (Month/Date/Year)	GENDER		EVENT	TIME
#	Last Name	First Name		Male	Female	3K or 5K	Min : Sec. Milisec
1							
2							
3							
4							
5							

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CROSS-COUNTRY RUNNING

COACH FORM



**Special
Olympics**
New York



INSTRUCTIONS

1. All coaches within your quota must be certified.
2. Alternate coaches are activated in the event active coaches are unable to attend games.
3. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, chaperones, etc.

TEAM NAME		REGION	
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ACTIVE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

ALTERNATE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

AGENCY STAFF, 1:1, CHAPERONES, ETC.			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

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AGENCY STAFF, 1:1, CHAPERONES, ETC.			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
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