



2017 MILK Cross Country Challenge PROVINCIAL SCHOOL TEAM CROSS COUNTY CHAMPIONSHIP

THIS SHEET IS TO BE FILLED OUT BY THE COACH AND RETURNED TO THE RESULTS TABLE AS SOON AS POSSIBLE AFTER EACH RACE. PLEASE ENTER AND FILL A SEPARATE SHEET FOR EACH AGE GROUP AND GENDER RACE. A TEAM CAN BE UP TO 6 PARTICIPANTS WITH THE BEST FOUR PERFORMANCES TO COUNT TOWARDS THE TEAM BANNER AWARDS. WE DO NOT NEED PLACE CARDS RETURNED.

SCHOOL: _____ COACH: _____

Please Circle - GRADE: 4 5 6 7 8 9 Junior Varsity Varsity (Please CIRCLE) MALE FEMALE

Team Entries	Team 1 ATHLETE NAMES (PLEASE PRINT)	PLACING
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Team Entries	Team 2 ATHLETE NAMES (PLEASE PRINT)	PLACING
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Team Entries	Team 3 ATHLETE NAMES (PLEASE PRINT)	PLACING
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Total score of top 4 finishers in this race per team:

Team 1: _____ + _____ + _____ + _____ = _____ Points

Team 2: _____ + _____ + _____ + _____ = _____ Points

Team 3: _____ + _____ + _____ + _____ = _____ Points