

Relay Entry Confirmation Sheet

School			Boys	Girls	
Invitational	Division	Region	North/South	State	
more than four	events including r	elays. Before ea		petitor shall not comp nis confirmation sheet eet.	
		Entri	es		
4 x 10	00 Meter Relay		4 x 20	00 Meter Relay	
1			1		_
2			2		_
3			3		_
4			4		_
4 x 40	00 Meter Relay		4 x 8	00 Meter Relay	
1			1		_
2			2		_
3			3		_
4			4		_
			_	form to the Clerk of th form prior to the end o	
Signature of the	Head Coach				



Pole Vault Confirmation Sheet

Host School		ı	Data of Mac	et		
Invitational Division	Region _	No	rth/South _	State		
According to the National Federation Track & Field Rule 7-4-5						
It is the responsibility of the coach to verify that the vaulter will use a pole rated at or above the vaulter's weight and that legal poles have been provided for that competitor.						
Each competition shall affirm by his/her signature that he/she will use the properly rated pole throughout the competition.						
Vaulter's Name	Vaulter's Initials	Current Weight	Pole Rating	Coach's Signature		
This form must be presented to the event judge before vaulter is eligible to participate.						
School						
District Divis	sion					
Athletic Director						
Principal						

Regional - North/South Meet

Region – North/South MHSAA TRACK AND FIELD MEET

School			

Class – 1A, 2A, 3A, 4A, 5A, 6A (circle one)

Boys _____Girls____

Region _____North/South____

Please print or type entire team in alphabetical order.						
Last Name	First Name					
1.						
2.						
3.						
4.						
5.						
6						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

Total number of athletes_____ X \$10.00 = \$_____ total entry fee. Please make copies of this form if necessary.

For the *Region* and *North/South* track meets:
Make check payable to HOST SITE
Mail this entry fee form and check to the HOST SITE

State Track Meet Roster

School						Coach
School Phone	e Num	ber				Coach's Cell Number
Class – 1A	2A	3A	4A	5A	6A (circle one)	
Players arriving separately from team or coach must be in full uniform or coach will need to identify						

Players arriving separately from team or coach must be in full uniform or coach will need to identify participant at the gate.

Please print or type entire team in alphabetical order.

Boys (list <i>last</i> name first)	Girls (list <i>last</i> name first)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.

Total number of athletes_____ X \$10.00 = \$_____ total entry fee. Please make copies of this form if necessary.

For the *State* Track Meet: Make check payable to MHSAA Mail this entry fee form and check to MHSAA, P. O. Box, Clinton, MS 39060 601-924-6400

	MHSAA Office Use Only	
Check No	Date	_
From		-
P. O. No	Date	_
Amount		-
Date Deposited		-