



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
REGIONAL CROSS COUNTRY OFFICIAL RESULTS**
(make additional copies if necessary, fax to the KHSAA and
State Director Gordon Bocock immediately following meet
**ONLY IN THE EVENT OF A COMPLETE AND TOTAL
FAILURE OF THE HYTEK PROGRAM**)

*KHSAA Form XC104
Rev. 616*

CLASS: _____ REGION: _____ SITE: _____ MANAGER: _____

Boys' Teams

POS	SCHOOL	PTS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Boys Individuals

POS	ATHLETE	CLASS	SCHOOL	Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Girls' Teams

POS	SCHOOL	PTS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Girls Individuals

POS	ATHLETE	CLASS	SCHOOL	Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Manager Signature