



CROSS COUNTRY
TEAM MEET VERIFICATION LISTING
Per KHSAA Bylaw 25, Limitation of Seasons
(use one form per squad per event entered)

KHSAA Form XC113
Rev. 6/16

SCHOOL: _____

COACH SIGNATURE _____

PRINCIPAL SIGNATURE ATTESTING
 TO ACCURACY _____

VARSITY			JUNIOR VARSITY			FRESHMAN		
#	MEET / SITE	DATE	#	MEET / SITE	DATE	#	MEET / SITE	DATE
V1			JV1			F1		
V2			JV2			F2		
V3			JV3			F3		
V4			JV4			F4		
V5			JV5			F5		
V6			JV6			F6		
V7			JV7			F7		
V8			JV8			F8		
V9			JV9			F9		
V10			JV10			F10		
V11			JV11			F11		
V12			JV12			F12		
V13			JV13			F13		

COMPILATION GRID

	ATHLETE	GRAD E	MEETS
E X	Smith, John (example)	10	V1, V2, JV1, F10, V4
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**CROSS COUNTRY
TEAM MEET VERIFICATION LISTING**
(continuation)

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	ATHLETE	GRAD E	MEETS
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(Use additional sheets as necessary)