



**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
1			
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**CROSS COUNTRY  
TEAM MEET VERIFICATION LISTING**  
(continuation)

KHSAA Form XC113  
Rev. 6/16

	ATHLETE	GRAD E	MEETS
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(Use additional sheets as necessary)