

NEO XC GLENOAK DISTRICT COMPETITOR SUBSTITUTION FORM

CHECK ONE: **BOYS RACE** **D-I** **D-II** **D-III**
 GIRLS' RACE **D-I** **D-II** **D-III**

SCHOOL NAME: _____

COACH'S NAME: _____

(PLEASE PRINT)

ISSUED NUMBER Bib & Chip	NAME OF REPLACED RUNNER	NAME OF NEW RUNNER	GRADE IN SCHOOL

COACH'S SIGNATURE: _____