

# NEO REGIONAL CROSS COUNTRY TOURNAMENT

## 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)

<b>ISSUED NUMBER Bib &amp; Chip</b>	<b>NAME OF REPLACED RUNNER</b>	<b>NAME OF NEW RUNNER</b>	<b>GRADE IN SCHOOL</b>

**COACH'S SIGNATURE:** \_\_\_\_\_

**Revised: 8/2008**