

MUST BE TYPED

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2005 NCAA DIVISION II CROSS COUNTRY CHAMPIONSHIPS ENTRY ROSTER

Must be received via fax by Tuesday, October 11, 2005
DO NOT USE A COVER SHEET

Institution _____ Date _____
Name/Title _____
Street Address _____ Gender Male ____ Female ____
City, State, Zip _____

NOTE: Submit, in alphabetical order, the names of all eligible student-athletes.

1. This form must be faxed to your regional meet director.
2. Hand carry one copy to the regional championship.

	LAST NAME	FIRST	INITIAL	ELIGIBILITY
EXAMPLE:	Doe	John	O.	Senior
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

ATHLETICS DIRECTOR'S OR FACULTY REPRESENTATIVE'S SIGNATURE _____

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OFFICE PHONE

COACH'S SIGNATURE

NOTE: Only eligible student-athletes may be entered in the meet. Member institutions must notify the NCAA national office before the selection date for each championship of any student-athletes who may have participated in regular-season competition but subsequently are determined to be ineligible for NCAA championships competition.

COACH'S NAME (PRINTED)

HOST INSTITUTION

Date Received: _____

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COACH'S HOME PHONE COACH'S OFFICE PHONE