



**NCAA Division II Men's and Women's Cross Country  
Minimum Contest and Participant Verification Form  
Due on November 7, 2005, by 1 p.m. EST**

Please complete the attached form and return this form to the NCAA Division II Track and Field sub committee member who represents your region. Keep a copy for your files.

<u>Regional Chair</u>	<u>Region</u>	<u>Fax Number</u>
Danielle Barney	East	570/893-2414
Greg Gilbert	Great Lakes	419/434-4618
Dianne Watkins	South	404/522-3343
Russ Jewett	South Central	620/235-4661
Craig McPhail	Southeast	828/898-8742
Dennis Weber	North Central	785/628-4383
Karen Boen	Northeast	508/565-1460
TBD	West	

This form will be used to verify that your institution has met the minimum contest and participant requirements to qualify for the 2005 NCAA Division II Men's and Women's Cross Country Championships. Member institutions or individuals who intend to compete in the championships are required to submit this form by 1 p.m. Eastern time on Monday, November 7, 2005. Member institutions or individuals who do not submit the form by the deadline will be assessed a fine of \$50 per individual to a maximum of \$300 per team and may not be eligible to participate in the championships.



NAME OF INSTITUTION \_\_\_\_\_

Check one:

- Men's Cross Country                       Women's Cross Country

**DEADLINE: MONDAY, NOVEMBER 7, 2005, BY 1 p.m. EST**

**Please Print**

In order to be eligible to compete in the Division II Cross Country Championships, Division II Indoor Track and Field Championships or the Division II Outdoor Track and Field Championships, member institutions must meet the minimum contest and participant requirements. List below the name of all meets including dates and number of participants from your institution.

<u>Sport</u>	<u>Minimum Contests</u>	<u>Minimum Participants</u>
Cross Country	5	5
Indoor Track and Field	4	10
Outdoor Track and Field	4	14

<u>Meet</u>	<u>Date of Event</u>	<u>Number of Participants</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Institution: \_\_\_\_\_

\_\_\_\_\_  
 Director of Athletics                      Date  
 or Designated Administrator

\_\_\_\_\_  
 Head Coach                                      Date