

GREENWICH CROSS COUNTRY INVITATIONAL
FRIDAY OCTOBER 20, 2017
4:00 P.M.
SARATOGA SPA STATE PARK

START

<u>TIME</u>	<u>GRADE</u>	<u>RACE</u>	<u>DISTANCE</u>
4:00	7-8	BOYS JUNIOR HIGH	1.7 miles
4:20	7-8	GIRLS JUNIOR HIGH	1.7 miles
4:40	9	BOYS and GIRLS FROSH	1.7 miles
5:00	9-10-11-12	VARSITY BOYS	3.04 miles
5:30	9-10-11-12	VARSITY GIRLS	3.04 miles

AWARDS: MEDALS TO THE TOP 25 RUNNERS IN EACH GRADE-ALL RACES

TEAM: 7-8 TROPHIES TO THE TOP 3 SCHOOLS EACH GENDER
NO TEAM AWARDS IN FROSH RACE
9-12 TROPHIES TO THE TOP 3 SCHOOLS EACH GENDER

NOTE: **SCORE FASTEST 5 BY TIME, NOT BY PLACE - ALL RACES**

ENTRY: \$195 PER SCHOOL
\$125 FOR SINGLE GENDER SCHOOL
\$125 FOR MODIFIED ONLY

CHECKS OR GREENWICH VARSITY CLUB
VOUCHERS ATTN: STEVE PATRICK
SENT TO: 10 GRAY AVENUE
GREENWICH, NY 12834

SEND ROSTERS OF **ONLY RUNNERS YOU PLAN TO RUN** BY OCT. 17 TO
BOTH: **FINISH99@LIVE.COM** and **SPATRICK8880@GMAIL.COM**

***SEND ROSTERS IN EXCEL FORMAT WITH THESE FIVE (5) COLUMNS:

LAST NAME - FIRST NAME - GRADE - GENDER (M/F) - SCHOOL NAME

PLEASE USE THIS EXCEL FORMAT OR YOU WILL ASKED TO RESUBMIT!

BY RETURNING THIS ENTRY FORM YOU ARE ACCEPTING RESPONSIBILITY
FOR YOUR SCHOOL'S ENTRY EVEN IF YOU CANCEL. PLEASE MAKE SURE
YOUR AD IS AWARE OF THIS – THANKS.

PLEASE RETURN THE BOTTOM PORTION WITH PAYMENT OR VOUCHER:
(DON'T FORGET TO EMAIL ROSTER IN THE EXCEL FORMAT AS WELL)

SCHOOL _____

COACH: _____

PHONE: _____

EMAIL: _____