

RESULTS REPORT FORM

Please provide all of the information asked for below for any athlete that you wish to have included in the season results data base.

SCHOOL _____ MEET _____ DATE _____ SITE _____

EVENT PLACE FIRST NAME LAST NAME NUMB. PERFORMANCE

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EVENT PLACE FIRST NAME LAST NAME NUMB. PERFORMANCE

EVENT PLACE FIRST NAME LAST NAME NUMB. PERFORMANCE

RELAY PLACE PERFORMANCE

FIRST LEG

GIVE FIRST AND LAST NAME AND NUMBER

SECOND LEG

GIVE FIRST AND LAST NAME AND NUMBER

THIRD LEG

GIVE FIRST AND LAST NAME AND NUMBER

FOURTH LEG

GIVE FIRST AND LAST NAME AND NUMBER

SEND TO:

Bob Beer

406 Birchwood Park Drive

Middle Island , NEW YORK 11953

Fax (631) 345-9419, Voice (631) 345-9414 No Calls after 9:00 PM

*** PLEASE SUBMIT THIS FORM FOR ALL PERFORMANCES THAT YOU PLAN TO USE FOR SEEDING IN ANY OF THE CHAMPIONSHIP MEETS ***