

## OHSAA TRACK & FIELD and CROSS COUNTRY BIB REPLACEMENT FORM

**PLEASE SUBMIT THIS FORM ASAP UPON IDENTIFYING A NEW BIB IS NEEDED!**

Complete all information and submit this form to the timing team. New bibs will not be issued unless the form is signed.

**School Name:** \_\_\_\_\_ **Division** \_\_\_\_\_

**Coach Name:** \_\_\_\_\_

### Athlete Information (Coach Complete)

Last Name      First Name      Gender

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

### Number Information (FAT Complete)

Old #      New #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

By signing this bib replacement form, **I understand that my school will be charged a \$20 per bib replacement fee.** This fee will be billed to my school by the OHSAA office following the conclusion of the event. Failure to pay the fee may result in my team being prohibited from participating in future OHSAA tournaments.

**Coach's Signature:** \_\_\_\_\_

**Timing Signature:** \_\_\_\_\_