

OHSAA CROSS COUNTRY ATHLETE SUBSTITUTION FORM (TEAM ONLY)

THIS FORM MUST BE SUBMITTED AT LEAST 30 MIN PRIOR TO THE AFFECTED RACE TIME

One form should be used for each race/gender

Complete all information and submit this form to:

1. The timing trailer for processing in the computer systems. The FAT operator must sign the form.
2. The form then needs to be hand-delivered to the head clerk at the starting line. The clerk will sign the form and turn it in at the end of the meet to the meet manager

School: _____

Coach: _____

Division / Gender _____

Athlete Originally Entered
Full Name, Bib #, & Grade

1. _____

2. _____

3. _____

4. _____

5. _____

Substitute
Full Name, Bib #, & Grade

1. _____

2. _____

3. _____

4. _____

5. _____

Coach's Signature: _____

Timing/Scoring Name & Signature: _____

Head Clerk's Name & Signature: _____