



BORDER CLASH

CROSS COUNTRY CHALLENGE

The Rivalry Continues!

JEKYLL ISLAND, GA.

September 10th, 2011

TEAM NAME (PLEASE PRINT OR TYPE)

HEAD COACH

SCHOOL ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

POSTAL CODE

DAY PHONE NUMBER

EVENING PHONE NUMBER

CELL PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS (YOU WILL RECEIVE EMAIL CONFIRMATION)

DIVISIONS: CHECK ONLY ONE / PHOTOCOPY FOR EACH GENDER OR TEAM

* HIGH SCHOOLS SHOULD INDICATE 1A, 2A, 3A, or 4A BASED ON ENROLLMENT

MIDDLE SCHOOL GIRLS

MIDDLE SCHOOL BOYS

OPEN ATHLETES

HIGH SCHOOL GIRLS

HIGH SCHOOL BOYS

HIGH SCHOOL CLASSIFICATIONS ARE BASED ON TOTAL SCHOOL ENROLLMENT FOR GRADES 9-12

PLEASE CHECK ONE

1A
 2A
 3A
 4A
 5A

A TEAM

B TEAM

ATHLETE NAME - FIRST NAME, LAST NAME	GRADE: FR, SOPH, JR, SENIOR	VARSITY RUNNER MARK "X"
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

- \$30 per team if fees received by September 3, 2010 (team limit to 10 runners)
- \$40 per team if fees received after September 4, 2010 (team limit to 10 runners)
- \$7 per runner by September 3-limit 10 \$8 per runner late (NO RACE DAY) \$10 per runner and receive SUMMER WAVES/ LARRY'S voucher at hotel

PHOTOCOPY THIS FORM IF ADDITIONAL ENTRY SPACE IS NEEDED

PAYMENT BY CHECK: All checks must be made payable to JIXC --
FULL PAYMENT MUST ACCOMPANY THIS REGISTRATION FORM

RETURN BY MAIL TO:
JIXC
PO BOX 13086
JEKYLL ISLAND, GA 31527