



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 4, 2010 (team limit to 10 runners)
- \$40 per team if fees received after September 4, 2010 (team limit to 10 runners)

**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