NCHSAA Track and Field Regional Championship
LATE ENTRY FORM

Classification: 1A ___ 2A ___ 3A ___ 4A ___
Regional: EAST MIDEAST MIDWEST WEST

School Name ____ Ph. (W) ____________
Coach's Name: ______________________________________ Ph. (C) ____________
E-Mail Address: _____________________________________ Ph. (H) ____________
School Address: _____________________________________
City, State, Zip ______________________________________

Last Name, First Name	**Grade**	**Event**	**Mark**	**M/F**	**SITE & DATE**

Note: This form must be received by the NCHSAA no later than 3pm on Monday, May 6, 2019.
A $50 late fee will be assessed for each individual entry. Checks must be made payable to the NCHSAA (PO Box 3216, Chapel Hill, NC 27515) and in our office prior to the start of the Regional meet.
No entries after this will be accepted.