

# TRACK QUALIFYING MEET INFORMATION

This form must be E-mailed to Kathryn McOmbler ([kmcomber@chsaa.org](mailto:kmcomber@chsaa.org)) within 48 hours of meet completion or meet results will be deleted from MaxPreps rankings.

DATE OF REPORT: \_\_\_\_\_

DATE OF STATE QUALIFYING MEET: \_\_\_\_\_

NAME OF MEET: \_\_\_\_\_

NUMBER OF SCHOOLS THAT PARTICIPATED IN THIS STATE QUALIFYING MEET \_\_\_\_\_

MEET DIRECTOR: \_\_\_\_\_

E-MAIL \_\_\_\_\_ and CELL PHONE # \_\_\_\_\_

MUST HAVE HAD A MINIMUM OF 3 CERTIFIED OFFICIALS FOR THE FOLLOWING POSITIONS DEPENDING ON THE NUMBER OF TEAMS *(6 OR MORE TEAMS SHOULD HAVE AN ADDITIONAL STARTER)*. PLEASE REFER TO THE FEE SCHEDULE. LIST NAMES BELOW:

**\*POSITIONS IN RED ARE REQUIRED**

**\*STARTER:** \_\_\_\_\_

ASSISTANT STARTER(S): \_\_\_\_\_  
*(OPTIONAL DEPENDING ON NUMBER OF TEAMS)*

**\*TRACK REFEREE:** \_\_\_\_\_

**\*FIELD REFEREE:** \_\_\_\_\_

LIST ANY SCHOOL OR PERSONS WITH UNIFORM VIOLATIONS AND WHAT THE VIOLATION WAS (use back of sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WINDGAUGE OPERATOR (Names)

Track \_\_\_\_\_

Field \_\_\_\_\_

I have reviewed the results and they are correct \_\_\_\_\_  
(Signature)

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