

ORES West Regional Track Meet Student Participant Roster

School Name _____	<u>Division</u>	<u>Gender</u>
Coach _____	I II	Boys Girls
Cell Phone # _____		

Name of Track Meet Worker (EVERY SCHOOL MUST SUPPLY ONE PERSON - NO EXCEPTIONS) _____

**** Reminder: Your roster must be received by Ap Ap 17, 2012
FAX your completed roster to Stan Beesley (405)273-7368**

PLEASE TYPE OR PRINT FIRST AND LAST NAME BELOW

Event	Name	Best Time or Distance	Name	Best Time or Distance
100m L Hurdles	1 _____	_____	2 _____	_____
300m L Hurdles	1 _____	_____	2 _____	_____
100m Dash	1 _____	_____	2 _____	_____
200m Dash	1 _____	_____	2 _____	_____
400m Dash	1 _____	_____	2 _____	_____
800m Run	1 _____	_____	2 _____	_____
1600m Run	1 _____	_____	2 _____	_____
High Jump	1 _____	_____	2 _____	_____
Long Jump	1 _____	_____	2 _____	_____
Shot	1 _____	_____	2 _____	_____
Disc	1 _____	_____	2 _____	_____
400m Relay	800m Relay		1600m Relay	
_____ 1) _____			_____ 1) _____	
_____ 2) _____			_____ 2) _____	
_____ 3) _____			_____ 3) _____	
_____ 4) _____			_____ 4) _____	
Best Time _____	Best Time _____		Best Time _____	