



# KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION REGIONAL CROSS-COUNTRY MEET APPLICATION

*KHSAA Form XC109  
Rev. 9/06*

School \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Date \_\_\_\_\_

Principal \_\_\_\_\_  
 Athletic Director \_\_\_\_\_  
 X-C Coach \_\_\_\_\_  
 Coach Email: \_\_\_\_\_  
 Years applying for \_\_\_\_\_

Where would you hold the meet?  
 \_\_\_\_\_  
 \_\_\_\_\_

Name the larger meets that have been hosted there in the past few years?  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the course the meet would be held on.  
 \_\_\_\_\_

What is the approximate width of your starting area?  
 \_\_\_\_\_

What is the approximate length of your starting area before the first turn?  
 \_\_\_\_\_

What public facilities are available at your meet site?  
 \_\_\_\_\_

If lodging were necessary would your area have the necessary motels and restaurants to meet the needs of all the teams in your region? (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

Which class or classes would you be interested in hosting if your site is selected for a Regional Meet (circle)?  
                     AAA  AA  A

Why do you feel the State Cross-Country Committee should recommend your course for future Regional Cross-Country Meets?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

With your Regional Application we need the names of five (5) fellow coaches and two (2) KHSAA Officials who would recommend your course and your staff to run such a meet for the KHSAA.

|          | Address | Phone |
|----------|---------|-------|
| 1. _____ | _____   | _____ |
| 2. _____ | _____   | _____ |
| 3. _____ | _____   | _____ |
| 4. _____ | _____   | _____ |
| 5. _____ | _____   | _____ |

|          | Address | Phone |
|----------|---------|-------|
| 1. _____ | _____   | _____ |
| 2. _____ | _____   | _____ |

Committee will meet after State Cross Country Meet, so have filled out and return by December 1 to  
 KHSAA  
 2280 Executive Drive  
 Lexington, KY 40505