



# TRACK MEET ENTRY FORM

Check Which Track Meet(s) Entering

- March 8, 2025 S4EA Preliminary Track Meet 9:00am at Sweetwater High School-2900 Highland Ave, NC 91950  
 April 26, 2025 Monique Henderson Inv S4EA Final Track Meet 9:00am at Sweetwater HS-2900 Highland Ave, NC 91950

Team Name: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Phone: H (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ W (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ C (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE PRINT ATHLETE NAMES ALPHABETICALLY BY LAST NAME**

ATHLETE NAME	M/F	BIRTHDATE OR AGE	SEIZ Y/N	EVENT #1	TIME/DISTANCE	EVENT #2	TIME/DISTANCE	EVENT #3	TIME/DISTANCE
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									
10)									

**OFFERED EVENTS: Athletes may enter 3 events plus a relay. Please enter times in MIN:SEC.HUN and distances in METERS.CENTIMETERS**

**Regular Events**

- 50 – 50 Meter Run
- 100 – 100 Meter Run
- 200 – 200 Meter Run
- 400 – 400 Meter Run
- MILE – 1 Mile Run
- RLJ – Running Long Jump
- SP – Shot Put

**Modified Events**

- 10 – 10 Meter Run
- 25 – 25 Meter Run
- 10WK – 10 Meter Walk
- 25WK – 25 Meter Walk
- 50WK – 50 Meter Walk
- SLJ – Standing Long Jump
- SBT – Softball Throw
- TBT – Tennis Ball Throw

**Wheelchair/Gait Trainer/Walker Events**

- 10GTW – 10 Meter Gait Trainer/Walker
- 25GTW – 25 Meter Gait Trainer/Walker
- 10WC – 10 Meter Manual Wheelchair
- 25WC – 25 Meter Manual Wheelchair
- 50WC – 50 Meter Manual Wheelchair
- 30OBST – 30M Power WC Obstacle Course
- 30SLAL – 30 Meter Power Wheelchair Slalom
- 50SLAL – 50 Meter Power Wheelchair Slalom

**RETURN BY FEBRUARY 27, 2025 TO:**

**Walter Jackson, Executive Director**

**SPORTS for Exceptional Athletes**

**8380 Vickers St, Suite E**

**San Diego, Ca 92111**

**Phone: 858-565-7432/Fax: 858-496-7309**

**[www.s4ea.org](http://www.s4ea.org) / E-mail: [walter@s4ea.org](mailto:walter@s4ea.org)**



# TRACK MEET ENTRY FORM

Team: \_\_\_\_\_ Head Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

ATHLETE NAME	M/F	BIRTHDATE OR AGE	SEIZ Y/N	EVENT #1	TIME/DISTANCE	EVENT #2	TIME/DISTANCE	EVENT #3	TIME/DISTANCE
11)									
12)									
13)									
14)									
15)									
16)									
17)									
18)									
19)									
20)									

RELAY TEAMS: 4 x 100 Meter Relay (RELAY)

4 X 25 Meter Wheelchair Relay (WC RELAY)

Team 1 \_\_\_\_\_

Team 2 \_\_\_\_\_

Team 3 \_\_\_\_\_

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ALT: \_\_\_\_\_

ALT: \_\_\_\_\_

ALT: \_\_\_\_\_

TIME: \_\_\_\_\_

TIME: \_\_\_\_\_

TIME: \_\_\_\_\_