



OFFICIAL TEAM ENTRY FORM

Note: Each team member must be a 2015 USATF Adirondack member. Each club must be a current (2015) club member of USATF Adirondack.

Event Name: _____

Team Name: _____ USATF Club Number: _____

Contact Name: _____

Daytime Phone Number: _____

BIB NUMBER (official use only) ATHLETE'S NAME USATF NUMBER

Please list members alphabetically by last name

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

TYPE OF TEAM - PLEASE CHECK ONE

- | | | | |
|--------------------------------------|--------------------|--|--------------------|
| <input type="checkbox"/> Open Men | 8 declare, 5 score | <input type="checkbox"/> Open Women | 5 declare, 3 score |
| <input type="checkbox"/> Masters Men | 5 declare, 3 score | <input type="checkbox"/> Masters Women | 5 declare, 3 score |

Note: In order for your USATF club team to be scored, all of your team members must be registered in the race by the Thursday prior race date. Please deliver to:

**USATF Adirondack
PO Box 1200
Troy NY 12181-1200
Fax (518) 273-0647
eventinfo@usatfadir.org**