



**Saratoga Cross Country Classic 5K
Sunday, October 30, 2016
OFFICIAL TEAM ENTRY FORM**

Note: Each team member must be a current 2016 USATF Adirondack member. Each club must be a current (2016) club member of USATF Adirondack in good standing.

Team Name: _____ USATF Club Number: _____

Contact Name: _____

Email: _____ Phone: _____

Gender (check one): Male Team Female Team

Type of Team (check one): Open 40+ 50+ 60+ 70+ 80+

Men's Teams: Open 40+, 50+ 9 declare, 5 score

Men 60+, 70+, 80+ 5 declare, 3 score

Women's Teams: Open 9 declare, 5 score

Women 40+, 50+, 60+, 70+, 80+ 5 declare, 3 score

ATHLETE'S NAME USATF NUMBER AGE

Please list members alphabetically by last name

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

Email this form to: eventinfo@usatfadir.org

Note: This form must be received by noon the Thursday prior of the event and all team members listed must be registered by that time.