

Individual Entry Form

All runners, including each member of a team must complete this form.
Permission is given to photocopy. Please type or print all information carefully.

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ NIGHT PHONE _____

E-MAIL _____ USATF # _____

(Entry forms will NOT be processed without a current USATF number)

Join on-line at www.usatf.org/membership You will receive your 2002 membership number instantly.

DATE OF BIRTH _____ AGE ON RACE DAY _____ USA Citizen? (Masters Only) _____

SEX (circle one) Male Female AGE GROUP(circle one) Junior Senior Masters

EVENT (Circle Ones Competing In)--\$15 charge for the second event T-shirt Size (Circle One)

Junior Women 6K Senior Women 4K Senior Women 8K Masters Women 6K M L XL

Junior Men 8K Senior Men 4K Senior Men 12K Masters Men 6K

Waiver (please read and sign). I know that participating in a cross-country race is a potentially hazardous activity. In consideration of your accepting this entry into the USA Winter Cross Country Championships, I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against USATF, USATF of Oregon, its officers, employees, agents and volunteers, the City of Vancouver, Clark County, the Vancouver National Historic Reserve and any government agencies on its grounds or using its facilities, and any sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event, including, but not limited to, travel to and from the event, falls, contact with course vehicles, spectators or other competitors. I attest that I am physically fit and have sufficiently trained for the competition and that my date of birth is as stated on this application. I authorize meet personnel to request emergency medical treatment or care as necessary to insure my well being. I agree to this though liability may arise out of negligence or carelessness on the part of persons or parties in this waiver.

SIGNATURE _____ DATE _____

(Parent or guardian if under 18)

Makes Checks payable and send to

XC Registrar
471 Quarry Road
Springfield, Oregon 97477

ENTRY FEES AND DEADLINE

Early Entry \$25.00 (if received by January 31, 2002)

Second Event Fee \$15.00

Late Entry \$50.00 (if received from February 1 to February 8)

NO DAY OF RACE ENTRIES ACCEPTED!

Total Fee Enclosed _____

FAX ENTRIES ACCEPTED WITH CORRECT INFORMATION BELOW FAX NUMBER 1-503-668-0998

VISA/MasterCard # _____

Expiration Date ____ / ____ / ____

SIGNATURE _____