

TEAM ENTRY FORM

(An individual entry form and entry fee for each team member must be submitted with this form)

TEAM NAME _____

CAPTAIN _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FAX _____ E-MAIL _____

TEAM CATEGORY (Please Circle One)

JUNIOR WOMEN 6K SENIOR WOMEN 4K SENIOR WOMEN 8K MASTERS WOMEN 6K

JUNIOR MEN 8K SENIOR MEN 4K SENIOR MEN 12K MASTERS MEN 6K

TEAM ROSTER (please print)

LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
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(1) _____	_____	(2) _____	_____
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(3) _____	_____	(4) _____	_____
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(5) _____	_____	(6) _____	_____
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(7) _____	_____	(8) _____	_____
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(9) _____	_____	(10) _____	_____
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(11) _____	_____	(12) _____	_____
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(PLEASE LIST ADDITIONAL COMPETITORS ON BACK)

Submit entry forms and fees to:
Winter XC Registrar
471 Quarry Road
Springfield, Oregon 97477

Phone 1-503-668-0998
Fax 1-503-668-0998
E-Mail
runjumpthrow@compuserve.com

Fax changes to rosters or
declarations may be faxed until
Wednesday, February 6, 2002 by
5:00 PM