

# 2003 NATIONAL MASTERS INDOOR TRACK & FIELD CHAMPIONSHIPS ENTRY FORM

Last Name \_\_\_\_\_ Male/Female \_\_\_\_\_  
 First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Age (as of 3/28/03) \_\_\_\_\_  
 City \_\_\_\_\_ Club/Affiliation \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Citizenship (if not USA) \_\_\_\_\_  
 Country (if not USA) \_\_\_\_\_ 2003 USATF Number \_\_\_\_\_  
 Telephone \_\_\_\_\_ (USATF number is required!)  
 E-mail address \_\_\_\_\_

Event	Best Recent Performance	Fee
Pentathlon (counts as first event) _____	_____	(\$60) _____
1. _____	_____	(\$35) _____
2. _____	_____	(\$15) _____
3. _____	_____	(\$15) _____
4. _____	_____	(\$15) _____
5. _____	_____	(\$15) _____
6. _____	_____	(\$15) _____

Late Fee for entries postmarked after 3/14/03, number of events \_\_\_\_\_ @ \$10 each: \_\_\_\_\_

**Total Entry Fees:** \_\_\_\_\_

*\*Masters Committee Surcharge (see note below)*     **\$ 5.00**

T-shirt Order (pre-event only)     Total number of T-shirts \_\_\_\_\_ @ \$13 each: \_\_\_\_\_  
 \_\_\_\_\_ S    \_\_\_\_\_ M    \_\_\_\_\_ L    \_\_\_\_\_ XL    \_\_\_\_\_ XXL

Friend of the National Masters Championships Contribution (\$250/100/50/25 /other): \_\_\_\_\_

Thursday Night Social/Dinner, number of guests \_\_\_\_\_ x \$20 per person: \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**

\*The National Masters Track & Field Committee requires the Committee Surcharge. All such funds will be forwarded to the Committee and will be used for Games Committee representatives to attend and assist at Championship meets.

**All fees must be paid prior to the meet. Faxed entries will not be accepted.**

WAIVER AND RELEASE: In consideration of your accepting this entry into the National Masters Indoor Track & Field 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-New England, its employees, agents, officers, the Reggie Lewis Track and Athletic Center, Roxbury Community College, the sponsors, the volunteers and their representatives, successors and assigns for any and all injuries suffered by me in said event, or as a result of my travel to and from the competition. I attest and certify 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 and its agents permission to request emergency medical treatment or care as necessary to insure my well being. I agree not to cover or alter my competitor number in any way on pain of disqualification, and I acknowledge that my entry fee is non-refundable, including if the event is canceled.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_