

2006 USA MASTERS INDOOR TRACK & FIELD CHAMPIONSHIPS ENTRY FORM

Last Name _____ Male/Female _____
 First Name _____ Date of Birth _____
 Address _____ Age (as of 3/24/06) _____
 City _____ Club/Affiliation _____
 State _____ Zip _____ Citizenship (if not USA) _____
 Country (if not USA) _____ 2006 USATF Number _____
 Telephone _____ (USATF number is required and must accompany entry!)
 E-mail address _____

Event	Best Recent Performance	Fee
Pentathlon (counts as first event) _____	_____	(\$65) _____
1. _____	_____	(\$35) _____
2. _____	_____	(\$18) _____
3. _____	_____	(\$15) _____
4. _____	_____	(\$15) _____
5. _____	_____	(\$15) _____
6. _____	_____	(\$15) _____

Late Fee for entries postmarked after 3/13/06, number of events _____ @ \$12 each: _____

Total Entry Fees: _____

Masters Committee Surcharge (see note below)* **\$ 10.00

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): _____

TOTAL AMOUNT ENCLOSED: \$ _____

*The National Masters Track & Field Committee requires the Committee Surcharge. All such funds are 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: _____