



## 2017 COED Team Declaration Form

**MUST be handed in 30 MINUTES prior to race time, with Bib #'s**  
**NO EXCEPTIONS!**

TEAM NAME: \_\_\_\_\_ TEAM #: \_\_\_\_\_

TEAM CAPTAIN & PHONE NUMBER: \_\_\_\_\_

First Name - Last Name	Competitor's # REQUIRED	USATF-NJ member? Check for "Yes"	On Residency List? Check for "Yes"
1M		<input type="checkbox"/>	<input type="checkbox"/>
2M		<input type="checkbox"/>	<input type="checkbox"/>
3M		<input type="checkbox"/>	<input type="checkbox"/>
4M		<input type="checkbox"/>	<input type="checkbox"/>
1F		<input type="checkbox"/>	<input type="checkbox"/>
2F		<input type="checkbox"/>	<input type="checkbox"/>
3F		<input type="checkbox"/>	<input type="checkbox"/>
4F		<input type="checkbox"/>	<input type="checkbox"/>

**2017 MINI COED TEAM CHAMPIONSHIP, NOT A TEAM GRAND PRIX EVENT,  
 OPEN TEAMS ARE SCORED BY CUMULITIVE GUN TIME, MASTERS 40+ TEAMS  
 ARE SCORED BY CUMULITIVE PLP**

**CIRCLE DIVISION      OPEN      MASTERS 40+**  
**FINAL SCORE FOR COED TEAM    TOP 2 MEN+ TOP 2 WOMEN ON TEAM**  
**FINAL SCORE FOR MENS TEAM    TOP 3 MEN (DECLARE 4 MAXIMUM)**  
**FINAL SCORE FOR WOMENS TEAM    TOP 3 WOMEN(DECLARE 4 MAXIMUM)**

I hereby certify that all of the above information is true to the best of my knowledge. I have checked to ensure all athletes listed are both current USATF-New Jersey members and members of the club I represent.

Signature of team captain: \_\_\_\_\_