



**USATF New Jersey
2005 XC Team Declaration Form
Non-NJ Clubs**



**MUST be handed in 15 MINUTES prior to race time,
with Bib #'s
NO EXCEPTIONS!**

USATF TEAM NAME: _____

TEAM CAPTAIN & PHONE NUMBER: _____

First Name, Last Name	Competitor's # REQUIRED	2005 USATF#? Check for "Yes"
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>
7.		<input type="checkbox"/>
8.		<input type="checkbox"/>

NOTE: Scoring for Masters team's is by accumulated time of the top five finishers in M40 and M50, and the top three finishers in M60, M70+, W40, W50, W60 & W70+. Open Teams are scored by place following USATF Rule #7.

CIRCLE GENDER: MALE FEMALE CIRCLE DIVISION: OPEN MASTERS

IF "MASTERS," CIRCLE AGE GROUP BELOW:

40 - 49 YRS 50 - 59 YRS 60 - 69 YRS 70 - 79 YRS 80-89 YRS

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 members and members of the club I represent.

Signature of team captain: _____

Official use only:

TEAM #: _____