



USATF New Jersey XC 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	2006 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: Minimum of three and max of 5 competitors needed for Masters Women and Masters Men 60+. Open Women and all M50 and below must have at least 5 members, with a max of 8. Scoring is 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-New Jersey members and members of the club I represent.

Signature of team captain: _____