



Pacific Association Championships
Pinole Valley High School – Pinole, CA
June 10 - 11, 2006

Age Divisions (Please Circle one)

Subbantam	1998+
Bantam	1996 – 1997
Midget	1994 – 1995
Youth	1992 – 1993
Intermediate	1990 – 1991
YoungW/M	1988 – 1989
(1987 if born after July 30 th)	

Subbantam, Bantam, Midget - maximum events - 3
Youth, Intermediate, Young - maximum events - 4
Entry fee - \$6.00 per event

Mail entry forms and fees to:
Anthony Camargo
9700 Coral Road
Oakland, CA 94603

TEAM ENTRY FORM

Team name: _____ Phone: () _____

Coach's Name: _____ Phone: () _____

Email: _____

NOTE: Please make sure each athlete is listed on the team athlete entry form with times and/or distances; one form for each age group/gender. Fill out one declaration form for EACH relay team entering the meet. Total fee for relays is total of one event for four athletes, no charge for listed alternates. Alternates must be listed in order to substitute on the relay.

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ATHLETE ENTRY REGISTRATION

Team name: _____ Age Group/Gender: _____

Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
Event 3	Time/Dist:	Event 4	Time/Dist:

Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
Event 3	Time/Dist:	Event 4	Time/Dist:

Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
Event 3	Time/Dist:	Event 4	Time/Dist:

Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
Event 3	Time/Dist:	Event 4	Time/Dist:

ATHLETE ENTRY REGISTRATION

Team name:

Age Group/Gender:

Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
Event 3	Time/Dist:	Event 4	Time/Dist:

Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
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Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
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Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
Event 3	Time/Dist:	Event 4	Time/Dist:

Last name:	First name:	Birth Date:	USATF#
Event 1	Time/Dist:	Event 2	Time/Dist:
Event 3	Time/Dist:	Event 4	Time/Dist:

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RELAY DECLARATION FORM

Team name: _____ Age Group/Gender: _____

Relay Event: 4 X _____ Seeding Time: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

This Relay Roster Form must be completed and filed at your Youth Association Championships prior to your team's participation.