2009 USATF Junior Olympic Cross Country Program
Team Entry/Advancement and Declaration Roster

USATF Club Name_____

USATF Club Number 3 8 / 0 ___ ___ ___

USATF Association 3 8 Pacific USATF Region # 16

Coach's Name_____

Address_____

City_____ ST _____ Zip_____

Phone (Day)_____ Phone (Evening)_____

E-mail_____

AGE DIVISION

Sex: ☐ Male ☐ Female

☐ Youth (1995-1996)

☐ Bantam (1999 and later) ☐ Intermediate (1993-1994)

☐ Midget (1997-1998) ☐ Young M/W (1991-1992)

Directions:

1) Complete and submit one (1) form per age/sex division.
2) Attach all individual entry forms with proof of birth verification to this roster for all qualified team members.
3) List in alphabetical order all athletes on your club that will represent any of your teams (A, B, C, etc.) in the age division checked above. Starting with the Association Level, place "A" next to names on "A" Team, place "B" next to names on "B" team, etc. for your teams. You must have at least 5 and no more than 8 athletes on a team.

Pursuant to USATF Rule 305.3 (c): "All members of the same club listed on the team declaration roster at the Association finals are eligible to compete on the club's team (minimum of 5, maximum of 8) in the next round of Qualifications up to and including the National Championships as long as the team qualifies." REMINDER: THIS IS A DECLARATION FORM AND YOU MUST DECLARE YOUR TEAM TO BE ENTERED INTO THE MEET!

Print or Type First Name – Last Name (Declare 5 to 8 athletes per team)	Association	Regional	National

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I certify that the above-named athletes **a)** have completed individual entry forms; **b)** were registered with my USATF Member Club prior to the Association Meet and, pursuant to USATF Regulation 7, are eligible to represent my club; **c)** have current individual USATF memberships; **d)** are entered in the proper age division; and **e)** have submitted "proof of birth" documents.

An Individual Entry Form (with proof of age verified) for each declared team athlete must be provided with the Official entry. I understand that if these are not provided, a $10.00 processing fee for each that is not presented will be assessed at the time of packet pick-up.

_____

SIGNATURE (Club Coach or Official)

Association Team Place: ☐ 1st ☐ 2nd ☐ 3rd **Region Team Place:** ☐ 1st ☐ 2nd ☐ 3rd

Regional and National Qualifiers: