



OFFICIAL TEAM ENTRY FORM

Saturday, June 5, 2010
Albany NY

Note: All team members must be individually registered.

Team Name: _____

USATF Association: _____

Club Name: _____ Club Number: _____

Contact Name: _____

Daytime Phone Number: _____ E-mail _____

	Bib #	Athlete Name	USATF NUMBER
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

TYPE OF TEAM - PLEASE CHECK - You may register as part of one team per category.

- Family/Friends (5 declare, 3 score)
- Corporate (5 declare, 3 score)
- High School (5 declare, 3 score)
- USATF OPEN Club Team (5 declare, 3 score)
- USATF MASTERS Club Team (5 declare, 3 score)

- 40-49
- 50-59
- 60+

USATF teams must represent a registered 2010 club in your USATF Association. All team members' profiles must be affiliated with this club. Subject to verification.

Team Declarations due by 8:00pm at close of Last Chance Registration on Friday, June 4th at the CapitalCare Health & Fitness Expo, South Concourse, Empire State Plaza.

Please mail, email or fax completed application to:
FAX: 518-273-0647
bruce@usatfadir.org
Freihofers Run for Women
PO Box 1200
Troy, NY 12181