

## 2011-12 U.S. Academic Triathlon Registration Form

Name of Head Coach/District Contact \_\_\_\_\_

Day Ph. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Eves. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does Head Coach also coach a team? \_\_\_\_\_ Yes (If so, list as team #1, below.) or \_\_\_\_\_ No.

Shipping **Street Address** \_\_\_\_\_

**NOTE:** We are not allowed to ship to post office boxes! Please provide the **street address** at which you wish to receive the Meet.

School District \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

No. of teams/division: Cross-Trainers ("X" gr. 7-8) \_\_\_\_\_ Challenger teams ("C" gr. 5-6) \_\_\_\_\_ Total \_\_\_\_\_

*Using the date list at right, please circle the date(s) you'd prefer to host a Meet! We'll try to honor requests. Cross out any date on which it's impossible for you to host. All teams **must be willing to host a Meet each season.***

If you would rather supply coach information electronically, use any dBase program, and email it as an attachment to: **Homeforusat@gmail.com**. Please number the teams and provide multiple emails and phone numbers for multiple coaches. **PLEASE NOTE:** Teams registering after November 23, 2011, will be allowed to register and participate on a space-available basis. **Keep a copy of form.**

**2011-2012 Season Dates**

Round Robin #1 Dec. 9, 2011  
 Round Robin #2 Jan. 6, 2012  
 Round Robin #3 Feb. 10, 2012  
 Snow Make-up Date - Feb. 24  
 Regional Tournaments Mar. 3, 2012  
 State Tournaments Apr. 14, 2012

**Homeforusat@gmail.com**

**Team #1** Coach(es) \_\_\_\_\_ "X" or "C"

*Circle division, above.*

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

**Team #2** Coach(es) \_\_\_\_\_ "X" or "C"

*Circle division, above.*

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

**Team #3** Coach(es) \_\_\_\_\_ "X" or "C"

*Circle division, above.*

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

**Team #4** Coach(es) \_\_\_\_\_ "X" or "C"

*Circle division, above.*

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

*Please list additional teams' coaches on separate sheet; or submit on a dBase, described above. Calculate fees as follows:*

First team per District @ \$225.00 ..... \$225.00

\_\_\_\_\_ Additional teams @ \$195.00 each.....\$ \_\_\_\_\_

TOTAL PAYMENT DUE BY DEC. 2, 2011..... \$ \_\_\_\_\_

**Make check payable and mail to:**  
 US Academic Triathlon, PO Box  
 1765, Minnetonka, MN 55345.  
**In the interest of time, you may**  
 FAX TO 1-952-934-1438; then  
 mail this form with payment.