



USATF New Jersey Road Race 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	USATF-NJ member? 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: FINAL SCORE EQUALS TOP THREE (3) CUMULATIVE TIMES MEN 60+ AND ALL WOMEN, AND TOP FIVE (5) CUMULATIVE TIMES FOR MEN IN OPEN, 40'S AND 50'S.

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: _____