

2015-2016 U.S. Academic Triathlon Registration Form



Name of Head Coach/District Contact _____

Day Phone _____ Cell _____ Eve _____

E-Mail _____ Fax _____

Does Head Coach also coach a team? ____ I do (If so, list as team #1 below.) or ____ I don't.

Shipping Street Address _____

NOTE: We are not allowed to ship to PO Boxes. Please provide the street address at which you wish to receive meet materials.

School District _____ City _____ Zip _____

Number of teams/division: Cross-Trainers ("X" gr. 7-8) _____ Challenger ("C" gr. 5-6) _____ Total _____

Using the date list at the right, please circle the date(s) you are available to host a Meet. We try to honor your requests as much as possible. Cross out any date on which it is impossible for you to host. **Every team in the district must be willing to host at least one Meet during the season.** If you would rather register electronically, visit www.usacademictriathlon.com and click on "Registration" under "Coaching a Team." Download the Xcel or PDF and email the completed form as an attachment to sarah@usacademictriathlon.com. Please provide emails and phone numbers for every coach. Teams registering after November 13, 2015 will be accepted base on availability. **Keep a copy of this form for your records.**

2015-2016 Season Dates

Round Robin #1	December 11, 2015
Round Robin #2	January 8, 2016
Round Robin #3	February 19, 2016
Snow/Make-up Date	February 26, 2016
Regional	March 18, 2016
State	April 16, 2016

Team #1 Coach(es) _____ "X" or "C"
Circle Division

Phone _____ E-Mail _____

Team #2 Coach(es) _____ "X" or "C"
Circle Division

Phone _____ E-Mail _____

Team #3 Coach(es) _____ "X" or "C"
Circle Division

Phone _____ E-Mail _____

Team #4 Coach(es) _____ "X" or "C"
Circle Division

Phone _____ E-Mail _____

NOTE: Please list additional coaches on the back of this form or on a separate sheet of paper.

Calculate fees as follows:

Number of teams per division: X _____ C _____

Multiply the number of TOTAL teams in the district by \$225.00 per team.

TOTAL PAYMENT DUE BY DECEMBER 1, 2015: \$ _____

For office use only:

Date received: _____ Fees Received _____

Assigned team numbers: X _____ C _____

Make check payable and mail to:
US Academic Triathlon
2355 Fairview Ave #335
Roseville, MN 55113

Find digital forms online at:
www.usacademictriathlon.com and
click on "Registration" under
"Coaching a Team." Contact Sarah
Sheldon with questions or to submit
registration at sarah@usacademictriathlon.com or 612-743-7102.