2023-20224 U.S. Academic Triathlon Registration Form

Use of this form will incur a \$10 processing fee. Find a FREE registration form at usacademictriathlon.com/register-teams

Head Coach/District Conta	ct Name:	
Day Phone	Cell	Eve
E-Mail		
Does the Head Coach also c	oach a team? Yes (If	so, list as team #1 below) No
Shipping Street Address		
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
# of teams/division: Cross	s-Trainers "X" (gr. 7-8) _	Challenger "C" (gr. 5-6) Total
host a Meet. We try to honor you to host. Every team in the register electronically, visits	r your requests as much as p ne district must be willing to www.usacademictriathlon.co s and phone numbers for eve	at at the right, please circle the date(s) you are available to possible. Cross out any date on which it is IMPOSSIBLE for host at least one Meet during the season. If you would rather om and click on "Registration" and complete the Google ry coach. Teams registering after November 3, 2023 will be
	Keep a copy of thi	s form for your records.
		ber 8, 2023 Round Robin #2 January 5, 2024 Round Robin 024 Regionals March 1, 2024 State April 13, 2024
Team #1 Coach(es)		"X" or "C"
Phone	E-Mail	Circle Divisio
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"
Phone	E Moil	Circle Divisio
NOTE: Please list add	E-Mail	of this form or on a separate sheet of paper.
Calculate fees as follows:		
	gion: V + C	_
**Multiply total number	of teams in the district by	= \$225.00 per team, then add one-time \$10 processing fee.
TOTAL PAYMENT DUE	BY November 17, 2023:	\$
Make check payable/mail to US Academic Triathlon 56, 33rd Ave S. #178	:	www.usacademictriathlon.com Contact Michaela Barrett with questions or to submit registration at michaela@usacademictriathlon.com.

St. Cloud, MN 56301

USAT-REG-23-24