

2018-2019 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

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 _____

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-Trainers "X" (gr. 7-8) _____ Challenger "C" (gr. 5-6) _____ Total _____

Registration is due November 2, 2018. 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" and complete the Google Form. Please provide emails and phone numbers for every coach. Teams registering after November 2, 2018 will be accepted based on availability.

2018-2019 Season Dates

| | |
|-------------------|-------------------|
| Round Robin #1 | December 7, 2018 |
| Round Robin #2 | January 11, 2019 |
| Round Robin #3 | February 8, 2019 |
| Snow/Make-Up Date | February 22, 2019 |
| Regionals | March 1, 2019 |
| State | April 6, 2019 |

Keep a copy of this form for your records.

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 total number of teams in the district by \$225.00 per team, then add one-time \$10 processing fee.**

TOTAL PAYMENT DUE BY November 2, 2018: \$ _____

For office use only:

Date received: _____ Fees Received: _____

Assigned team numbers: X _____ C _____

Make check payable/mail to:
US Academic Triathlon
204 7th St W #123
Northfield, MN 55057

Find digital forms online at:
www.usacademictriathlon.com
and click on "Registration."
Contact Sarah Sheldon with
questions or to submit registration
at 507-645-2560 or
sarah@usacademictriathlon.com.