

Processing No. _____

Age Division: _____

Check one: Male _____ Female _____

Athlete or

Club Name: _____

Coaches must bring each athlete's Documents to verify age

Coach: _____

Address: _____

Photo Copies are acceptable

Club Name: _____

List athlete's name, Division, and best time or performance to date for each event. Entry fee is \$3.00 per event and \$12.00 per relay team **if received by June 11th** Late or same day entry \$5.00 per event. Indicate total per athlete in the fee column and compute the total at the bottom of each entry form. **Enter Males & Females on separate forms and use the codes below to indicate age division.** All divisions must be based on the athlete's age as of **December 31, 2008.** Entry fees may be paid by check or money order payable to **Capital City Striders, Inc. Forms must be received by June 11th.** Mail to Capital City Striders, Inc., P O Box 1243, Charleston, WV 25325-1243. **All events are timed finals. Enter seating times on this form.**

Athlete's Name Last, First	Athlete's Birth-date	Dashes				Runs				Hurdles			Relays			Field Events						Race Walk	Steeple- chase	Fee	
		50	100	200	400	800	1500	3000	5000	80/ 100	110 400	200 100	4x 400	4x 800	Jav	HJ	LJ	TJ	SP	PV	Disc	3000 1500	2000/ 3000	★	
1.																									
2.																									
3.																									
4.																									
5.																									
6.																									
7.																									
8.																									
9.																									
10.																									

Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field Regulation 10 and IAAF Rule 55. Athletes found positive for banned substances or who refuse to be tested will be disqualified from this event and will lose eligibility for future competitions. *Some over-the-counter medications contain banned substances.*
For information on drugs and drug testing, call the USOC hot line at 800/233-0393.

# events _____	X 3.00 +	\$
# Relays _____	X 12.00 +	\$
Total:		\$

4-6 Sub-Sub-Bantam 7-8 Sub-Bantam 9-10 Bantam 11-12 Midget 13-14 Youth 15-16 Intermediate 17-18 Young 19-29 Open 30-39 Sub-Master 40-49 Master 50-59 Master/Master 60+ Grand Master	SSB SB B M YT I Y O SM MA MM GM	<p>In consideration of my being accepted, I waive all rights and claims for myself and my heirs, executors, or administrators, for any damages, which may occur to me as a result of this competition.</p> <p>Athlete / Team Official / Coach: _____ Date: _____</p> <p>Parent/Guardian Signature: _____ Date: _____ (For athletes under age 18)</p>	<p>Capitol City Striders, Inc. P O Box 1243 Charleston, WV 25325-1243</p>
--	--	---	---