

TEAM CHAMPIONSHIP FORM

Team Rep Name: _____ phone _____ Email _____

Address: _____ Boys _____ Girls _____ Div 1 _____ Div 2 _____ Div 3 _____

Team Name: _____

Athlete Info: Please Print Neatly: Name / Grade / Event(s)

1. Name: _____ Grade _____ Event(s) _____ / _____ / _____

2. Name: _____ Grade _____ Event(s) _____ / _____ / _____

3. Name: _____ Grade _____ Event(s) _____ / _____ / _____

4. Name: _____ Grade _____ Event(s) _____ / _____ / _____

5. Name: _____ Grade _____ Event(s) _____ / _____ / _____

6. Name: _____ Grade _____ Event(s) _____ / _____ / _____

7. Name: _____ Grade _____ Event(s) _____ / _____ / _____

8. Name: _____ Grade _____ Event(s) _____ / _____ / _____

9. Name: _____ Grade _____ Event(s) _____ / _____ / _____

10. Name: _____ Grade _____ Event(s) _____ / _____ / _____

Cost Per Athlete: \$20 1 event / 2 events \$25 / 3 events \$30 (\$250.00 Cap per team) **Money Orders Only payable to M.S.A.A.**

By signing this form I am taking full responsibility for these athletes and have in my possession signed waiver and release forms printed off the Ohio track & Field website releasing M.S.A.A. of any and all liability:

Signature _____ Date _____

You can only have one relay per relay event. For example you cannot have two 4x4 teams

PLEASE REMEMBER YOU NEED ATLEAST 6 ATHLETES TO BE CONSIDERED A TEAM BUT NO MORE THEN 10 ATHLETES. YOU CAN HAVE MORE THEN 10 BUT WE WILL ONLY SCORE UP TO 10 ATHLETES. FOR THOSE OTHER ATHLETES PLEASE FILL OUT ANOTHER TEAM FORM AND PUT THOSE NAMES ON IT AS NON-SCORING. THOSE ATHLETES WOULD NOT FALL UNDER THE CAP BUT WOULD GET THE DISCOUNT.

Mail To: MSAA
7789 Boroff Road
Van Wert, Ohio 45891