SIGN-IN FORM

(This form is required for all events except the road races and field events.)

Time In: _____

Event #: _____   Event Name: _____

Flight/Section: _____

Team #: _____   Team Name: _____

Lane: _____   (to be assigned by the Clerk of the Course)

Leg Distance	First Name Last Name	Sex (M/F)	Age on 12/31/10
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

(Return this form to the Clerk of the Course at least 10 minutes before the race.)