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 12/31/98
1.	_____			_____	_____
2.	_____			_____	_____
3.	_____			_____	_____
4.	_____			_____	_____
5.	_____			_____	_____
6.	_____			_____	_____

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

Event Sign-In.DOC