

ENTRY REMINDERS: • Fill out each entry blank completely • Use separate entry for each individual event • Xerox these forms if necessary • Enclose all fees - entry fees, late fees and USATF Membership fees (school vouchers accepted for all) • Fees are non-transferable and non-refundable. • Enclose self-addressed, stamped business size envelope **ON-TIME ENTRY DEADLINE:** Postmarked by Friday, February 19, 1999 • **LATE ENTRY DEADLINE:** Received by Tuesday, March 2, 1999 - with late fees. • Mailing address : MAC, P.O. Box 170, Church Street Station, NY, NY 10008 • Express Mail Address: MAC, 57 Reade Street, 4th Floor, NY, NY 10007 • Telephone: 212-227-0071 • Incomplete entries will not be processed. No FAXed entries will be accepted. There is absolutely no day-of-meet registration.

OFFICE USE ONLY

Competitor's No.

Entry Fee Paid _____

USATF Fee Paid _____

Late Fee Paid _____

INDIVIDUAL EVENTS OFFICIAL ENTRY BLANK

Name (Last, First) Sex Date of Birth H. S. Year

HS or Club City State 1999 USATF #

Event # _____ Championship Event Name _____ Qualifying Mark _____ Date _____ Meet _____ Circle: FAT/Hand Time Indoor/Outdoor

Pentathlon: Individual event marks _____, _____, _____, _____, _____

Home Address (Area Code) Phone

City State Zip NATIONALITY IF NOT USA

Singlet Size M L XL XXL (Circle one—girls use women's sizes, except no women's XXL)

COACH'S NAME _____ PHONE (Day) _____ (Night) _____

WAIVER: In consideration of my child's entering in the National Scholastic Indoor Track and Field Championships. I automatically waive and release all claims for damage or injury I may have against the competition and all its sponsors including the Metropolitan Athletics Congress, Inc., Armory Track & Field Center and any and all their sponsors and representatives. I verify that he/she is physically fit and has trained for this competition. I further grant full permission to any and all of the foregoing to use any photographs or records for any legitimate purpose.

PARENTS NAME _____ PARENT'S SIGNATURE _____ *PLEASE DUPLICATE



SEE REMINDERS/INSTRUCTIONS ABOVE

RELAY EVENTS OFFICIAL ENTRY BLANK

RELAY EVENT # _____ RELAY EVENT NAME _____ Sex M/F

NAME OF TEAM City State

COACH'S NAME _____ PHONE (Day) _____ (Night) _____

ADDRESS _____

CIRCLE ONE	Singlet Size	Name (Last, First)	(Please include zip)	Competitor's Number	Check if Entered In Another Event
M L XL XXL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	2000 USATF #	NATIONALITY IF NOT USA	H.S. YEAR	DATE OF BIRTH	
M L XL XXL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	2000 USATF #	NATIONALITY IF NOT USA	H.S. YEAR	DATE OF BIRTH	
M L XL XXL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	2000 USATF #	NATIONALITY IF NOT USA	H.S. YEAR	DATE OF BIRTH	
M L XL XXL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	2000 USATF #	NATIONALITY IF NOT USA	H.S. YEAR	DATE OF BIRTH	
M L XL XXL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	2000 USATF #	NATIONALITY IF NOT USA	H.S. YEAR	DATE OF BIRTH	

QUALIFYING MARK* _____ MEET: _____ DATE: _____ Circle: FAT/Hand Time Indoor/Outdoor

Entry Fee Paid _____

USATF Fee Paid _____

Late Fee Paid _____

WAIVER: In consideration of my team's entering in the National Scholastic Indoor Track and Field Championships. I automatically waive and release all claims for damage or injury we may have against the competition and all its sponsors including the Metropolitan Athletics Congress, Inc., The Reggie Lewis Track & Athletic Center and any and all their sponsors and representatives. I verify that they are physically fit and have trained for this competition. I further grant full permission to any and all of the foregoing to use any photographs or records for any legitimate purpose.

COACH'S NAME _____ COACH'S SIGNATURE _____ *PLEASE DUPLICATE