

Valley United Striders Cross Country Information

1. Fill out team application and turn it in to your team rep. With payment for either A team \$80, B team \$ 45.00. or C team \$25.00 , also uniform fee if you need one \$40.00 for A team and \$10.00 for B or C team (tank top only)
2. On November 1st. go to the usatf.org/membership and renew your card if you already have one, or get a USATF membership card. When you get to the website select individual membership and follow the prompts for the application. When you get to the part that says TEAM AFFILIATION YOU MUST SELECT VALLEY UNITED TEAM # 15 , this is very important to select the team from the drop down menu.
3. For new members you must email your child's birth certificate to the local office, you will not be verified on our team until this step is complete. **Scan and email it to info@scausatf.org immediately** copy me at coachelaine@runstorm.org when you send it in.
4. If you have a USATF card and you have run on another team you must send in a request to change your team. Please send an email stating the team you used to be on and the usatf number and the last date you competed for the previous team. Send request to info@scausatf.org be changed to Valley United team 15. This will take a few days so please do it right away and copy coachelaine@runstorm.org when you send the request.
5. All paperwork and fees are due by Nov 4th at our Mandatory practice we will build an email list to send more info, so please make sure you write your email clearly on the registration form. I will register all athletes into the races. Each race the teams must finish in the top 5 teams or top 30 individual positions to advance to the next race.

Home VYC Club: _____

Team Fee: A- \$80. _____ B- \$45. _____

Uniform Fees A- \$40 _____ B -\$10 _____

Total Fees Paid: _____

USATF Registration Form Valley Striders Team

Please print:

Athlete's Name: _____

Address: _____

Phone: _____

Athlete's Date of Birth: _____

Primary Email address: _____

Secondary Email address: _____

Mother's Name: _____

Address: (if different) _____

Phone: (cell) _____

Father's Name: _____

Address: (if different) _____

Phone: (cell) _____

Athlete's Team: Valley United Track Club Team Code: 15

USATF Card # _____

Select Uniform size: Top _____ Short _____ Or Not Needed _____
(Available Uniform Sizes: YS, YM, YL, AS, AM, AL, AXL) – Valley Strider Team only

Parent Signature _____



2017 NATIONAL CHAMPIONSHIP SPONSOR DONATION FORM

Athlete Name _____ Age Group _____

Age Group _____

Thank you for sponsoring the above listed athlete. The USATF Youth Cross Country National Championship will be held this year in Tallahassee Florida on December 9, 2017. This athlete needs your help in order to attend this event.

Checks should be made out to the **Santa Clarita Track Club**. We are a non-profit charitable 501(c)3 organization and donations to us are tax deductible. Our tax id number is: 77-0615715. Funds will be used to pay for travel, food or lodging expenses for this athlete.

TOTAL RAISED \$ _____

Athlete's Signature

Coaches Signature