

**2010 USATF TRACK & FIELD CLINIC
EARLY REGISTRATION FORM**

NAME: _____
LAST NAME FIRST INITIAL

ADDRESS: _____
CITY STATE ZIP CODE

E-MAIL: _____

PHONE: _____ / _____ - _____

USATF ASSOCIATION: _____ USATF CERTIFICATION NR: _____

Or (Circle one) -- * New Official * VHSL Coach * College Coach

(CIRCLE ONE:)

- A. January 30, 2011 @ Univ. of Richmond \$ 25.00
- B. February 6, 2011 @ Norfolk State University \$ 25.00
- C. February 6, 2011 @ Robinson HS - Fairfax \$ 25.00
- D. February 20, 2011 @ Liberty Univ.-Lynchburg \$ 25.00

***** Make Check to "Bill Boyd - USATF" *****

***** Mail to: Bill Boyd, 2529 Burrows Court, Williamsburg, VA 23185 *****

RECEIPT

NAME: _____ Date _____

ATTENDANCE AT THE USATF CLINIC

at: 1/30 - U of R 2/6- N.S.U. 2/6- Robinson HS. 2/20 - Liberty Univ.
25.00 - Early Registration

(USATF)