**CHILDREN'S SPECIALIZED HOSPITAL**
**32nd Annual Invitational**
**Track and Field Meet**
**May 7, 2016**

**JUNIOR COMPETITORS** **Classes 11-13; 20; 40-46; 51-57** ASUSA # _____
(Please Print or Type)

NAME: _____TEAM AFFILIATION: _____

ADDRESS: _____ TOWN: _____STATE _____ ZIP _____

EMAIL ADDRESS: _____CONTACT # _____

JUNIOR DIVISION: U7 (Futures) U11 U14 U16 U18 U20 U23 DATE of BIRTH: _____ Age as of 12/31/16: _____
Please Circle Age Division based on age as of 12/31/16

ASUSA CLASSIFICATION: T _____ F _____ TRR _____ DIAGNOSIS: _____

If 1st time at this meet, please check _____ Do you need classification? Yes _____ No _____

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