CHILDREN'S SPECIALIZED HOSPITAL
34th Annual Invitational
Track and Field Meet
May 5, 2018

OPEN/MASTERS COMPETITORS ASUSA #: _____

Please print or type:

NAME: _____ TEAM AFFILIATION: _____

ADDRESS: _____CITY: _____

STATE: _____ ZIP CODE: _____ CONTACT NUMBER: _____

EMAIL: _____ DATE OF BIRTH:_____ DIAGNOSIS:_____

COMPETING AS: (competition age is age as of 5/5/18) OPEN AGES 23 – 34 MASTERS 35+ 50+ 60+
Please circle age group based on age as of 5/5/18

IF KNOWN: TRACK CLASS: _____ FIELD CLASS: _____ 1ST TIME COMPETING: _____

CLASSIFICATION NEEDED: YES ____ NO ____ Classification will be for this meet only

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