



UNITED STATES OF AMERICA SNOWBOARD ASSOCIATION

2010/2011

Event Registration Form

Bib # _____

OFFICE USE ONLY

Quick Registration

Name: _____ USASA Member # _____

Optional: Only complete if you need to update any information

Snowboarder (Age Group)

Skier (Age Group)

Adaptive Division

OR

Open Class Snowboarder

Open Class Skier

Optional at some Series: High School Division Collegiate Division

BIRTHDATE: _____

GENDER M F

STANCE: Regular Goofy

Mailing Address: _____

City: _____ State: _____ Zip: _____

You will receive a Membership Card and a subscription to TransWorld Snowboarding Mag. at the address you provide here.

E-Mail Address: _____

ALL correspondence from the USASA will be sent to this email address. Please double check for accuracy!

Phone Number: _____

Sponsors: _____

Emergency Contact: _____ Emergency Phone #: _____

Primary Medical Coverage Company: _____ Policy #: _____

OFFICE USE ONLY

PAID:

Entry Fee

Lift Ticket

Bib Deposit