



State Championship Registration Form

School Name: _____

Head Coach: _____

Asst. Coach 1 _____

Asst. Coach 2 _____

Asst. Coach 3 _____

State Meet Race Fees: This form and fees are due before the first event of the State Meet.

Either mail the form and check (payable to “**OISRA XC Division**”) to:

Brice Murri
State Treasurer for Nordic Division
20799 Ranch Village Rd.
Bend, OR 97701

OR bring form and check with you to the first race on Friday and turn in to the Race Secretary.

Full Team Fees are \$35 per **full** team for all events:

Boys Team _____ Girls Team _____

Associate Team Fees are \$15 per racer for **associate** team members (individuals who do not belong to a team of 3 or more members of the same gender)

Individual(s) _____

Total \$ _____