A-Basin Racing
Visiting Team/Club Roster

Team or Club_____

Mailing Address:_____
PO Box/Street **City** **State** **Zip**

Telephone #_____ **Fax #**_____ **E-Mail**_____

Name of Coach in charge:_____ **Mobile Telephone#:**_____

E-Mail:_____

Assistant Coaches:_____ **Mobile Telephone #:** _____

Assistant Coaches:_____ **Mobile Telephone #:** _____

Assistant Coaches:_____ **Mobile Telephone #:** _____

Athlete Name Last	First	USSA #	FIS #	Wavier (X)

I understand that all athletes/participants that are listed on this roster are covered under the $1 million General Liability Insurance with Arapahoe Basin as named additional insured that has been submitted to Arapahoe Basin.

By signing, I accept this agreement: _____ **Date:**_____