

**Allegheny Collegiate Ski Conference
OFFICIAL TEAM ROSTER – 2011-12**

**Supplemental Team Roster 2011-2012
Use only to Add Racers after December 31, 2011**

School: _____ (Please put school name on each sheet)

Team Coordinator's Name (Please print clearly): _____

- Please print or type all names very clearly, and ALPHABETIZE, LAST NAME FIRST within gender. Print out another page if you need more room.
- Verify that numbers 1 & 2 on this page below are completed for your team. Put a check mark in each of the first two spaces following each name to indicate you are verifying that those steps are completed for that individual, AND MARK WITH AN "S" for SKIING OR "SB" FOR SNOWBOARD in the third column.
- This form cannot be submitted with any blank spaces in numbers 1 & 2 below, or in any of the three spaces following each name. USCSA on-line registration for the team and all team members must also have been completed, including the Eligibility Form.
- All ACSC Waiver and Administrative Fee Forms and the individual administrative fee payments must be submitted by the deadline for all names on this form.
- Any information found to be inaccurate or missing can make a team or an individual team member ineligible to register for races until the missing information or inaccuracy is corrected.
- Team members may be added after this "Official" form is submitted only by using the "Supplemental Team Roster Form". The "Supplemental" form must be submitted no later than Wednesday of a race-week for the additional names to be eligible that week. Only members listed on this "Official Roster Form" or on a "Supplemental Form" may register for races.

Instructions/Policies for this form:

(1) **VERIFY: ACSC Team Membership Form and Individual Administrative Fee Forms submitted with required payments?** _____ YES (check mark to verify)

(2) **VERIFY: USCSA on-line registration process completed for the team and all individual team members?** _____ YES (check mark to verify)

Please read and sign this section when the form is completed

I verify that the information on this form is accurate and complete.

Signature: _____ **Date:** _____
(Team Coordinator)

COMPLETE THE FOLLOWING FOR ALL OF YOUR TEAM MEMBERS FOR THIS YEAR

