

USBA SUMMER BIATHLON RACE ORDER FORM

- INSURANCE REQUEST: 1 EVENT \$150
 2 EVENTS \$200
 3+ EVENTS \$250

Please fax/mail to the USBA an insurance request form listing the events to be held. A Certificate of Insurance will be issued shortly thereafter, once payment has been received. Insurance Request Forms can be downloaded from our website biathlon.usoc.org or contact USBiathlon@aol.com to have it emailed to you.

Please list event info to be posted on the website:

Date	Location	Contact Info

Club Name: _____

- Check Enclosed
 Charge my Visa/MC# _____ Exp. _____

Name as it appears on card: _____

Please send payment, race order and insurance request forms to:

US Biathlon Association
49 Pineland Dr, Suite 301A
New Gloucester, ME 04260
Fax: 207-688-6505

For questions call 1-800-BIATHLON (242-8456)