

TrackTown Distance Clinic Presented By OTC Elite & USTFCCCA Sunday, June 6, 2010



Last Name:	First Name:	
Address:		
City:	State:	Zip Code:
E-mail Address:		
School /Affiliation:		
Track Affiliation (Coach, Athlete, Fan	, or Other):	
Please send this Registration Form a	along with check or money order pa	ayable to <i>OTC Elite</i> to:
OTC Elite Fee : 2300 Oakmont Way Suite 211 Eugene, OR 97401	Regular Admission: \$150.00 With proof of 4 day NCAA meet particle With Student ID: \$100.00	ass: \$75.00
Please note on the bottom of this form if you are eligible for the NCAA Discount or a Student Discount.		
Eligible Discounts (Please note eithe	er NCAA or Student):	
	Total Pa	yment Enclosed: \$

