

The Virgin Islands Track & Field Federation

Registration Form 2007

(Please complete on line or print form to complete and mail or fax to Federation)

Please check where appropriate--I am a/an Athlete [] Coach [] Official [] Volunteer [] Parent []
Supporter [] Sponsor [] Club [] Other []

To be eligible for a Virgin Islands Track & Field National Team, athletes, coaches, officials, volunteers are required to complete this form and meet applicable criteria. The annual registration fee is \$10.00 for individuals and \$25 for clubs/organizations.

Registration # (to be provided by VITFF):

Fee Paid: Yes: [] No: []

Amount: Date:

Last Name:

First Name:

Middle Name:

Mailing Address:

Zip:

Telephone # Home:

Telephone # Work:

Cell Phone #:

Fax #:

Email Address:

Residence Address

1:

2:

Zip:

Date of birth:

Place of birth:

Are you a citizen of the United States of America? Yes: [] No: []

If you are a U.S. citizen, what is your passport #? (a color copy of your passport must accompany this registration form)

Expiration Date:

If you live in the U.S. Virgin Islands, How Long?

Which island?

If you are not a citizen of the United States, please answer the following questions on lines A. B.

A. Nationality/Citizenship of what country do you claim?

B. Are you a Permanent Resident of the U.S.? Yes: [] No: [] Other Status? Please explain:

- 1.
- 2.
- 3.

You are affiliated with: a School [] Club [] Organization [] College/University []
Military []

Please provide the name of the one/s which apply:

- 1.
- 2.
- 3.
- 4.

Your coach's name:

Address:

- 1.
- 2.
- 3.

Zip:

Phone #:

Email Address:

Your Agents Name:

Address:

- 1.
- 2.
- 3.

Please list the event/s in which you compete:

- 1.
- 2.
- 3.
- 4.
- 5.

If you have competed or coached for a country other than the U.S. Virgin Islands, Please provide the name of the country, the sports, events, dates and competitions competed:

Country:

Sport/s:

Event/s:

When did you compete?

(use additional page if necessary)

List previous major competitions and best results you have achieved:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

(use additional page if necessary)

Do you have allergies? Yes [] No []

If yes explain on lines 1 to 5

Line #1

Line #2

Line #3

Line #4

Line #5

Do you have medical insurance? Yes [] No [] If yes type of insurance Line #6, name of company Line #7:

Line #6:

Line #7:

What is your occupation?

Biography—

What high school, college did/do you attend?

When did you attend?

What was your major?

Degree/s received:

Honors:

If you are a in the military or a veteran, please indicate what branch:

What period?

Career field:

I, _____ do solemnly swear or affirm that the above information is correct.

Your signature:

Date:

If you are under the age of 18 please provide signature of your parent or guardian:

Date:

Please provide passport size photograph for your Federation I.D. card.

Please return this form and payment to:

The Virgin Islands Track and Field Federation

223094 Christiansted

St.Croix, Virgin Islands 00822-3094

340-643-2557 or 340-777-0258

isv@mf.iaaf.org email

<http://virginislandspace.org>